

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000007077

FILED
Apr 12, 2012
Secretary of State

Entity Name: SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH, OF SAFETY HARBOR, INCORPORATED

Current Principal Place of Business:

719 BUTLER STREET
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 545
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, EDWARD REV
4328 4TH AVENUE E
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

WILLIAMS, GWENDOLYN REV
871 22NDS AVE. SOUTH
ST PETERSBURG, FL 33705 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GWENDOLYN WILLIAMS

04/12/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: BRODY, LA DONNA
Address: 12251 LEXINGTON PARK DR. #202
City-St-Zip: TAMPA, FL 33636

Title: S
Name: MYERS, JUDY
Address: 1395 DR. ML KING JR. ST. NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T
Name: COLEMAN, MAXINE
Address: 4135 5TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: S
Name: COLEMAN, CURTIS
Address: 4135 5TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GWENDOLYN WILLIAMS

REV

04/12/2012

Electronic Signature of Signing Officer or Director

Date