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2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 28 AM 9:21

DOCUMENT # N98000003486	
1. Entity Name ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF STUART, INC.	

Principal Place of Business 900 E AVE STUART, FL	Mailing Address P.O. BOX 2462 STUART, FL 34994
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

2117104 90037 019 61.25



10202004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-2366213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, HECTOR REV 901 CENTRAL AVE STUART, FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="1"> <tr> <td>TITLE</td> <td>Pastor REV.</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, HECTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 CENTRAL AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table>	TITLE	Pastor REV.	<input type="checkbox"/> Delete	NAME	SMITH, HECTOR		STREET ADDRESS	901 CENTRAL AVE		CITY-ST-ZIP	STUART, FL 34994		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>901 central ave</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Stuart, Fl. 34994</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	901 central ave		STREET ADDRESS	Stuart, Fl. 34994		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pastor Rev. Hector Smith, SR. 10-25-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

African Methodist Episcopal Church

Box 2462

Stuart, FL 34995

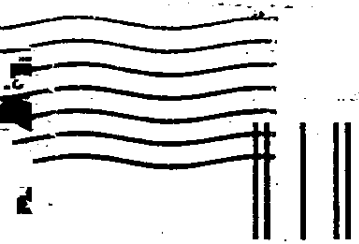


Re-mailed 2/10/02

*Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198*

388250

0021939 AT **AUTO T2 1 3502 34995-246262
ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF STUART, INC.
P.O. BOX 2462
STUART FL 34995-2462



*Adrian A.M.E.C.
P.O. Box 2462
Stuart, FL 34995*

*Returned
2/10/04*