

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003486		 FILED 06 SEP 27 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		2. Principal Place of Business 900 SE ave	
3. Mailing Address P.O. Box 2462		4. FEI Number 59-2366213	
City & State Stuart, FL		City & State Stuart, FL 34994	
Zip 34994		Country Martin	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SMITH, HECTOR REYV <i>Rev. Hector Smith SR</i> 901 CENTRAL AVE <i>901 Central ave</i> STUART, FL 34994 <i>Stuart FL 34994</i>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____ 400080314334 09/29/06--01071--010 **70.00	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRCV <i>Pastor</i> SMITH, HECTOR <i>Rev. Hector Smith SR</i> 901 CENTRAL AVE <i>901 Central ave</i> STUART, FL 34994 <i>Stuart FL 34994</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rev. Hector Smith SR</i> 901 CENTRAL AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, FAY A 906 E LAKE STREET STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Fay A Scott</i> 906 E Lake St Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, DEBORAH 911 E 9TH ST STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Deborah Langston</i> 911 S.E. 9th St Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, LORENE 1608 ARAPAHO AVE STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lorene Grant</i> 1608 S.E. Arapaho Ave. Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTY, NOLA 235 NW CHARLIE GREEN TERR SUTART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Nola McCarty</i> 235 N W Charlie Green Ter Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLE, DONALD 906 E HALL ST STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DONALD BELLE</i> 906 E. HALL ST STUART, FL 34994
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rev. Hector Smith SR</i>		9-24-2006	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	