## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N98000003486



ST. PAUL OF STUA	AFRICAN METHODIST EF	PISCOPAL CHURCH	!						
900 É AVE		Mailing Address P.O. BOX 2462 STUART, FL 34994		400	· • ·	•		•	
90	00 SE. East Avenu	e							
Principal Place of Business     3. Ma		3. Mailing Address	Mailing Address			IBM <b>IB</b> M <b>IB</b> M <b>IB</b> M.			A)D) 31  111]
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09012006 <sub>C</sub>	hg-NP	CR2E03	7 (4/06)	
Stuart Fl. City & State		City & State			4. FEI Number Applied For 59-2366213 Not Applied be				
Zip Country 34994 IISA				intry	5. Certificate of Si			8.75 Add	
3495	6. Name and Address of Current	Bogistared Agent	M	artin		•	F	e Require	<u>.</u>
	b. Name and Address of Current	Registered Agent		Name	7. Name and Add				
SMITH, HE	ECTOR REVY RAL AVE				P.O. Box Number is			r.	
STUART,	FL 34994		901 SE Central Avenue				enue		
	,		City		tuart		FL	Zip Code	I
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	1		the State of Flori	da. I am fai		
,	Daris Tamas (	3							
SÍGNATURE .	Rev. James ( Signature, typed or printed name of registered agent a	C. Watson Jr. and litle if applicable. (NOTE		d Agent signature required	d when reinstating)		DATE		(
	<u> </u>								
· De	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Carr Trust Fund C		· -	\$5.00 May Be Added to Fees		ke check   la Departn	•	I .
	ue by September 6, 2006	Trust Fund C	ontribut	ion.	Added to Fees	Florio	la Departn	ent of St	ate
10.	<del>-</del>	Trust Fund C		ion,		Florio	la Departn S AND DIRE	ent of St	ate
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indicated on this report or supplied with anishing does not quality 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.

**FILED** 

Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90041 028 \*\*\*\*70.00