2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N98000003486

Entity Name: ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF STUART, INC.

Current Principal Place of Business:

900 S.E. AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2462
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2366213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, JAMES C JR
900 S.E. AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRCV
Name: WATSON JR, JAMES C REV
Address: P.O.BOX 02462
City-St-Zip: STUART, FL 349952462

Title: D
Name: SCOTT, FAY A
Address: 906 E LAKE STREET
City-St-Zip: STUART, FL 34994

Title: D
Name: LANGSTON, DEBORAH
Address: 911 E 9TH ST
City-St-Zip: STUART, FL 34994

Title: D
Name: GRANT, LORENE
Address: 1608 ARAPAHO AVE
City-St-Zip: STUART, FL 34994

Title: D
Name: MATHENY, JERRY
Address: 2247 SE CARNATION RD.
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: D
Name: BELLE, DONALD
Address: 906 E HALL ST
City-St-Zip: STUART, FL 34994

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: JAMES WATSON PRCV 04/29/2011

Electronic Signature of Signing Officer or Director — Date