

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003486

FILED  
Aug 28, 2012  
Secretary of State

**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

P

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date