2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # N99000004672 1. Entity Name 04-08-2004 90043 046 ****61.25 ST. JOSEPH AME CHURCH INC. Principal Place of Business Mailing Address 3528 BROADWAY 3528 BROADWAY **UUUUUUU**UUUU WEST PALM BEACH FL 33404 WEST PALM BEACH FL 33404 3. Mailing Address, 3528 DROADWAY Principal Place of Business 5528 DROADWAY MOORE CR2E037 (11/03) Applied For Oity & State سر City & State) 4. FEI Number 65-0941818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William E. Cooper DAWSON, STANLEY S SR Street Address (P.O. Box Number is Not Acceptable) 6543 Spring Meadow 1308 ISLEWORTH COURT **ROYAL PALM BEACH FL 33411** Palm Beach 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. William & loope stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Pastor TITLE TITLE ☐ Change Addition ☐ Delete William E. Loopen In. MCLCURE, ROBERT NAME NAME 3174 NW 40 CT 6543 spring Meadow DR. STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33309 CITY-ST-ZIP CITY-ST-ZIP west Palm Beach FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOVELACE, TONYA NAME 1422 7 STREET STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition DAWSON, STANLEY NAME NAME 1308 ISLEWORTH COURT STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-7IP CITY-ST-7fP TITLE TITLE ☐ Delete ☐ Change ☐ Addition JACOBS, SHIRLEY NAME NAME 811 NW 8TH ST STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: William Eloope 4-5-04 561-820-4413 Date Dayline Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED