

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 15, 2005
Secretary of State

DOCUMENT# N99000004672

Entity Name: ST. JOSEPH AME CHURCH INC.**Current Principal Place of Business:**P.O.BOX 1444
WEST PALM BEACH, FL 33417**New Principal Place of Business:**289 SW 159TH LANE
SUNRISE, FL 33326**Current Mailing Address:**P.O.BOX 1444
WEST PALM BEACH, FL 33402**New Mailing Address:**289 SW 159TH LANE
SUNRISE, FL 33326**FEI Number:** 65-0941818**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BESS, ALEXANDER JR
4771 PINE KNOTT LN
WEST PALM BEACH, FL 33417 US**Name and Address of New Registered Agent:**MCCLURE, DONNA
289 SW159TH LANE
SUNRISE, FL 33326 US

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: REV. DONNA MCCLURE

10/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCLCURE, ROBERT
Address: 3174 NW 40 CT
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: P () Delete
Name: BESS,, ALEXANDER JR
Address: 4771 PINE KNOTT LN
City-St-Zip: WEST PALM BEACH, FL 33417

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCLURE, ROBERT SR.
Address: 289 SW 159TH LANE
City-St-Zip: SUNRISE, FL 33326

Title: P (X) Change () Addition
Name: MCCLURE, DONNA
Address: 289 SW 159TH LANE
City-St-Zip: SUNRISE, FL 33326

Title: D () Change (X) Addition
Name: JACOBS, SHIRLEY
Address: 811 NW 8TH STREET
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONNA MCCLURE

P

10/15/2005

Electronic Signature of Signing Officer or Director

Date