


**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90172 022 \*\*\*\*70.00

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N99000004672</b>		
1. Entity Name ST. JOSEPH AME CHURCH INC.		
Principal Place of Business <b>7148 182nd Road Jupiter, FL 33417</b>		Mailing Address 289 SW 159TH LANE SUNRISE, FL 33326
40026505  % D 5 5 , , , , , 0 2 3 . D &  01292006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 65-0941818		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MCCLURE, DONNA 289 SW159TH LANE SUNRISE, FL 33326		
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. SIGNATURE <u>Rev. Donna McClure</u> <u>2-26-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, ROBERT SR. 289 SW 159TH LANE SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLURE, DONNA 289 SW 159TH LANE SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, SHIRLEY 811 NW 8TH STREET DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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.		
SIGNATURE: <u>Donna McClure</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-26-06</u> <u>954-888-6525</u> <small>Date Daytime Phone #</small>