2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N99000004672

Entity Name: ST. JOSEPH AME CHURCH INC.

Current Principal Place of Business:

945 CARVER AVENUE
JUPITER, FL 33417

New Principal Place of Business:

Current Mailing Address:

289 SW 159TH LANE
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 65-0941818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLURE, DONNA
289 SW159TH LANE
SUNRISE, FL 33326 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: D ( ) Delete
Name: MCCLURE, ROBERT SR.
Address: 289 SW 159TH LANE
City-St-Zip: SUNRISE, FL 33326

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT F. MCCLURE, SR. D 04/13/2009

Electronic Signature of Signing Officer or Director — Date