

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90968 014 \*\*\*\*61.25

**DOCUMENT # N99000004672**

1. Entity Name

**ST. JOSEPH AME CHURCH INC.**



Principal Place of Business  
**3528 BROADWAY  
WEST PALM BEACH FL 33404**

Mailing Address  
**3528 BROADWAY  
WEST PALM BEACH FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0941818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAWSON, STANLEY S SR.  
1308 ISLEWORTH COURT  
ROYAL PALM BEACH FL 33411**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MCLURE, ROBERT**  
STREET ADDRESS **3174 NW 40 CT**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **D** ☐ Delete  
NAME **LOVELACE, TONYA**  
STREET ADDRESS **1422 7 STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☒ Delete  
NAME **ROBERTS, LEE**  
STREET ADDRESS **175 W 37 ST**  
CITY-ST-ZIP **EMIVERA BEACH FL 33404**

TITLE **P** ☐ Delete  
NAME **DAWSON, STANLEY**  
STREET ADDRESS **1308 ISLEWORTH COURT**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☐ Delete  
NAME **JACOBES, Shirley**  
STREET ADDRESS **811 NW 8th ST**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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)(f), 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Rev. Stanley S. Dawson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pastor**

Date

Daytime Phone

**2/16/03**

CR2E037 (10/02)