

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90074 017 ****69.75

0001485

DOCUMENT # N99000006240

1. Entity Name

**NEW SAINT STEPHEN AFRICAN METHODIST EPISCOPAL CH
 URCH OF OKEECHOBEE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

1001 NE 16TH AVE
 OKEECHOBEE FL 34972

P.O. BOX 836
 OKEECHOBEE FL 34973

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

50-0170357

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

80059784



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, CORNELIUS E REV.
 2403 S. DUNBAR AVENUE
 MELBOURNE FL 32901**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAYNE, MELVIN JR. REV	
STREET ADDRESS	831 N.E. 16TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELCH, WILLIE	
STREET ADDRESS	1550 N.E. 14TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURPHY, MELISSA	
STREET ADDRESS	1797 N.E. 2ND STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RYLES, TRENES	
STREET ADDRESS	399 N.E. 174TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELAGALL, TONY	
STREET ADDRESS	1115 N.E. 13TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: _____

Melvin Payne Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02
 DATE

CR2E037 (9/01)