

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N99000006240

Entity Name: NEW SAINT STEPHEN AFRICAN METHODIST EPISCOPAL CHURCH OF OKEECHOBEE, FLORIDA, INC.

Current Principal Place of Business:

1001 NE 16TH AVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 836
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 50-0170357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JENKINS, CORNELIUS E REV.
2403 S. DUNBAR AVENUE
MELBOURNE, FL 32901 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: PD () Delete
Name: JENKINS, CONRAD REV.
Address: 831 N.E. 16TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: TD () Delete
Name: WELCH, WILLIE
Address: 1550 N.E. 14TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD () Delete
Name: MURPHY, MELISSA
Address: 1797 N.E. 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: TD () Delete
Name: RYLES, TRENES
Address: 399 N.E. 174TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD () Delete
Name: DELAGALL, TONY
Address: 115 NE 13TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEWART, EDWARD REV.
Address: 831 N.E. 16TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

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

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 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: MELISSA M. MURPHY

SD

04/27/2005

Electronic Signature of Signing Officer or Director

Date