## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007077

Entity Name: SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH, OF

SAFETY HARBOR, INCORPORATED

**Current Principal Place of Business:** 

719 BUTLER STREET SAFETY HARBOR, FL 34695

**Current Mailing Address:** 

P.O. BOX 545

SAFETY HARBOR, FL 34695

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, PAULETTE REV 2421 17TH AVE. SOUTH ST, PETERSBURG, FL 33712 US

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: REV PAULETTE WHITE 02/17/2023

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **TREASURER** Title **TRUSTEE** 

Name BRODY, LA DONNA Name WILCHER, SHIRILYN

Address 17906 LAKE CARLTON DR. Address 1758 ST CROIX

City-State-Zip: CLEARWATER FL 33759 City-State-Zip: LUTZ FL 33558

Title **TRUSTEE** Title ASST. TREASURER FORT, WILLIE Name Name COLEMAN, MAXINE

Address 1220 CEDAR ST. Address 4135 5TH STREET SOUTH

City-State-Zip: SAFETY HARBOR FL 34695 City-State-Zip: ST PETERSBURG FL 33711

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: LADONNA BRODY

**STEWARD** 

02/17/2023

**FILED** Feb 17, 2023

**Secretary of State** 

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