

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007077

**Entity Name:** SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH, OF SAFETY HARBOR, INCORPORATED

**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**1937130939CC**

**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**

**02/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BRODY, LA DONNA  
Address        17906 LAKE CARLTON DR.  
                  C  
City-State-Zip: LUTZ FL 33558

Title           TRUSTEE  
Name           WILCHER, SHIRILYN  
Address        1758 ST CROIX  
City-State-Zip: CLEARWATER FL 33759

Title           ASST. TREASURER  
Name           COLEMAN, MAXINE  
Address        4135 5TH STREET SOUTH  
City-State-Zip: ST PETERSBURG FL 33711

Title           TRUSTEE  
Name           FORT, WILLIE  
Address        1220 CEDAR ST.  
City-State-Zip: SAFETY HARBOR FL 34695

*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.*

**SIGNATURE: LADONNA BRODY**

**TREASURER**

**02/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date