

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90732 049 \*\*\*\*70.00

**DOCUMENT # 746143**

1. Entity Name

**ST. MARK AFRICAN METHODIST EPISCOPAL CHURCH, INC**

Principal Place of Business

Mailing Address

**1968 BRUTON BLVD.  
 ORLANDO FL 32805-5136**

**1968 BRUTON BLVD.  
 ORLANDO FL 32805-5136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1973395**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREEN, SAMUEL L SR.  
 1968 BRUTON BLVD.  
 ORLANDO FL 32805**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KLECKLEY, ARTHUR</b>
STREET ADDRESS	<b>1216 MARTIN LUTHER KING DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GREEN, SAMUEL L SR.</b>
STREET ADDRESS	<b>1968 BRUTON BLVD.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JENKINS, MARY A</b>
STREET ADDRESS	<b>634 W. ANDERSON ST.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ADAMS, ERNEST JR</b>
STREET ADDRESS	<b>2001 BELAFONTE LN</b>
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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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: *Samuel L Green*  
 SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5.23.02 407 422 6941**  
 Date Daytime Phone #

CR2E037 (9/01)