FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

LEESBURG FL

C:TY - ST - ZIE

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

760786

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THE BOARD OF INCORPORATORS OF ST. PAUL AFRICAN M ETHODIST EPISCOPAL CHURCH, 11TH EPISCOPAL DISTRI

Mailing Address Principal Place of Business 110 S. LAKE ST. 110 S. LAKE ST. LEESBURG FL 34748 LEESBURG FL 34748 3. Date incorporated or Qualified 3a. Date of Last Report 02/09/1995 11/23/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2105000 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zια 30 ☐ Yes ☐ No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERRY, LONZIA J 82 Street Address (P.O. Box Number is Not Acceptable) 110 S. LAKE ST. 83 LEESBURG FL 34748 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, approaccept the obligations of, Section 617.0503, Florida Statutes. onzu Greny 1-30-96 (NOTE: Registered Agent signature required when reinstating) namic of registered against and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE ☐ Change Addition TAILE 1 TITLE D NAME HOWARD, JIMMY 1.2 NAME JESSE ADMS STHEET ADDRESS 1013 CENTRAL AVE 1.3 STREET ADDRESS 801 BRADFORD AVE APOPKA FL CITY - S* - ZIP 14 CITY - ST - ZIP LEESBURG FL DELETE Change X Addition THILE 2.1 THILE BERRY, L. J 22 NAME NAME MARGARET WARD 900 MCCORMICK ST. STREET ADDRESS 23 STREET ADDRESS 401 N MILLS ST LEESBURG FL 2 4 CITY-ST-ZIP CiTY - ST - ZiP LEESBURG FL Change Addition []DELETE TITLE 31 TITLE D NAME GLYMP, ERTHA 3.2 NAME BETTY WROTEN 105 OAK ST 3 3 STREET ADDRESS 614 THOMAS RD STREET ADDRESS Leesburg fl 3.4 CITY-ST-ZIP LEESBURG FL O(17 - S1 - 7)2 DELETE Change Addition Addition TITLE 4.1 TITLE D NAME JOHNSON, JOHN L. 4 2 NAME CHARLIE HOLLOWAY 1070 TUSKEEGEE ST. STREET ADDRESS 4.3 STREET ADDRESS 209 PINE ST LEESBURG FL CITY - ST - ZIP 4.4 CITY - ST - ZIP LEESBURG FL DELETE Change ☐ Addition TITLE 5 1 TIFLE 5.2 NAME LACEY, ALFORNIA NAME 1202 E. MAIN ST. 5.3 STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-ZIP 5 4 CITY - S* - ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME SPYIES, EDDIE 6.3 STREET ADDRESS STREET ADDRESS 1019 BAKER ST.

6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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

or Block 13 if changed, or on an attachment with an address.

Service of Serv

1-30-96 904-787-289

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(12/95)

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