## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1. Corporation Name

Principal Place of Business

765867

(7)

MT. PISGAH A.M.E. CHURCH OF LAKE CITY, FLORIDA, INC.

Mailing Address

FILED
May 16 1997 8:00am
Secretary of State



519 E	E. WASHINGTON ST. CITY FL 32055	P.O. BOX 3153 LAKE CITY FL 32056-3153	3						
					3. Date Incorporated or Qualified 11/24/1982	3a. Date o	01/19	eport 96	
	rincipal Place of Business	2a. Maiting Address			4. FEI Number 59-3025839	<u> </u>		plied For	
21 Si	Suite, Apt. #, etc Suite, Apt. #, etc		······································					ot Applicable Additional	
22	stof the infact	27			5. Certificate of Status Desired	- °		quired	
<del></del>	ity & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		[28]		Trust Fund Contribution					
Z1 24	rp Country	Zip <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes		Yes 🔀 No		
	9. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg	platered Age	nt		
			81	Name					
WILLIAMS, LOUIS, JR. 1493 BROADWAY STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
Į	LAKE CITY FL 32055		83						
			84	City		FL	5 Zip	Code	
11.	Pursuant to the provisions of Sections 617,0502	and 617.1508, Florida Statu	ites, the abov	e-named (	corporation submits this statement for the pi		anging it	s registered	
e e	Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was itions of, Section 617.0503, F	lorida Statute	y tne corp 8.	oration's board of directors, I hereby accep	t the appoint	ment as	registered	
SIGN	NATURE								
	Signature, typed or printed name of registered ager	<del> </del>	TE: Registered Age	oni signature i	required when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE EDC AND DI	DECTOR	C IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE	— Т	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	PELLIFIL DARENT I		1.2 NAME	1			Ondrigo		
	TADDRESS 519 E. WASHINGTON ST.		1.3 STREET	ADDRESS					
CHY-5	LAVE OTO PL		1.4 C(TY-5	ST-ZIP					
TITLE	SD	☐ DELETE	2.1 TITLE	1			Change	Addition	
NAME			2.2 NAME						
STREET	T ADDRESS 272 DERBY STREET		2.8 STREET	ADDRESS					
CITY-5			2. 4 CITY-	ST-ZIP					
TITLE	TD	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME						
STREET	T ADDRESS RT 6, BOX 520E-3		3.3 STREET	ADDRESS					
CITY-5	ST-ZIP LAKE CITY FL	T I protec	3.4. CITY-	ST-ZIP			Channe	Audita -	
TITLE		DELETE	4.1 TITLE	ļ		Ц	Change	Addition Addition	
NAME			4. 2 NAME	- 1					
	T ADDRESS		4.3 STREET	ľ					
CITY - S	51 - ZIP	DELETE	4.4 CITY-5 5.1 TITLE	SI-ZIP		- T	Change	Addition	
NAME		- Perest	5.2 NAME	ļ		لبا	កមោរស្និប	Figure of	
			5.3 STREET	Annaree					
	T ADDRESS			i i					
CITY - S TITLE	21-7II.	☐ DELETE	5.4 CITY-5 6.1 TITLE	01.74L		· · · · · ·	Change	Addition	
NAME			6.2 NAME	1		_			
	T ADDRESS		6.3 STREET	ADDRESS					
CITY-S			6.4 CITY-5						
					ated in Castion 110 07/2///). Elevide Chatuday	14.46	-414 · 41 4	45.0	

14. I do 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DE DALE MULLEURD I GERLET IN ULLIVON (SD) 4-28-97 904-752-010

R2E037 (9/96)