

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90092 010 \*\*\*\*70.00

**DOCUMENT # N15604**

1. Entity Name

**ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH,**

Principal Place of Business

Mailing Address

1109 EAST LAUREL STREET  
 PLANT CITY FL 33566

% P.O. BOX 1559  
 PLANT CITY FL 33564

2. Principal Place of Business

1109 E. LAURA STREET

3. Mailing Address

% P.O. Box 1559

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL 33566

City & State

PLANT CITY, FL 33564

4. FEI Number

59-2516243

Applied For

Not Applied For

Zip

33566

Country

HILLSBOROUGH

Zip

33564

Country

HILLSBOROUGH

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GAY, GREGORY V SR  
 2201 JOHNSON LOOP  
 PLANT CITY FL 33566

**7. Name and Address of New Registered Agent**

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	D	<input type="checkbox"/> Delete
NAME	GAY, GREGORY V SR	
STREET ADDRESS	2201 JOHNSON LOOP	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CATHERINE	
STREET ADDRESS	803 JENKINS STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, THELMA	
STREET ADDRESS	2005 E. WILLOW DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COFFEE, CLYDE	
STREET ADDRESS	515 E. WARNELL STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
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		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXON, STANLEY	
STREET ADDRESS	718 S. MORGAN STREET	
CITY-ST-ZIP	PLANT CITY, FL 33566	
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		
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 reports 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:** *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 1-17-2000*  
 Date Daytime Phone #