

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90163 038 \*\*\*\*70.00

**DOCUMENT # N15604**



1. Entity Name  
**ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH,  
INCORPORATED OF PLANT CITY, FLORIDA**

Principal Place of Business      Mailing Address  
**1109 EAST LAUREL STREET      % P.O. BOX 1559  
PLANT CITY FL 33566      PLANT CITY FL 33564-1559**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2516243**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAY, GREGORY V SR</b>	
STREET ADDRESS	<b>2201 JOHNSON LOOP</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, CATHERINE</b>	
STREET ADDRESS	<b>803 JENKINS STREET</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRIFFIN, ANNIE L</b>	
STREET ADDRESS	<b>1401 E TENNESSEE ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIXON, STANLEY</b>	
STREET ADDRESS	<b>718 S. MORGAN STREET</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bennett, Evol</b>	
STREET ADDRESS	<b>2808 Hwy. 60, East</b>	
CITY-ST-ZIP	<b>Plant City, FL 33567</b>	
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 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: *SIGNATURE GREGORY V SR*      1-27-03      813 752-7389

CR2E037 (10/02)