

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23027 (8)
1. Corporation Name

TURNER CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF PALMETTO, INC.



Principal Place of Business: **112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202**
Mailing Address: **112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified: **10/15/1987**
3a. Date of Last Report: **07/07/1995**
4. FEI Number: **53-0204696**
5. Certificate of Status Desired: **8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
PARKER, AVA L.
112 WEST ADAMS STREET
SUITE #1814
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESUE, THOMAS	
STREET ADDRESS	112 WEST ADAMS ST., SUITE 1814	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, FRANK C.	
STREET ADDRESS	11857 HONEY LOCUST DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, PAUL	
STREET ADDRESS	311 11TH STREET WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEWIS, STEVE	
STREET ADDRESS	101 11TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	BROWN, GWENDOLYN	
STREET ADDRESS	502 20TH ST WEST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, LEROY	
STREET ADDRESS	1507 NINTH AVE E	
CITY-ST-ZIP	PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	000001872980
63 STREET ADDRESS	-06/24/96--01029--026
64 CITY-ST-ZIP	***61.25

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

SIGNATURE: **Frank C. Cummings**
Date: **4/29/96** Daytime Phone: **904-355-8262**

CR2E037 (12/95)