

**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 re-appointing)

**12. OFFICERS AND DIRECTORS**

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

**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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**000001872980**  
**-06/24/96--01029--026**  
**\*\*\*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)