


FILE NOW: FILING FEE IS \$61.25

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1997 MAY -1 PM 4: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202
112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202-3837

2. Principal Place of Business 2a. Mailing Address
21 317 11th St., West 26 40 East State Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Palmetto, FL 28 Jacksonville, FL
Zip Country Zip Country
24 34221 25 29 32202 30

3. Date Incorporated or Qualified 10/15/1987 3a. Date of Last Report 05/01/1996
4. FEI Number 53-0204696 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Ava Parker
82 Street Address (P.O. Box Number is Not Acceptable) 603 N. Market Street
83
84 City Jacksonville FL 85 Zip Code 32202

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CUMMINGS, FRANK C. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, FRANK C.	1.2 NAME	800002164728--6
STREET ADDRESS	11857 HONEY LOCUST DR.	1.3 STREET ADDRESS	-05/02/87--01153--013
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	PD BROWN, PAUL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAUL	2.2 NAME	
STREET ADDRESS	311 11TH STREET WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	2.4 CITY-ST-ZIP	
TITLE	SD LEWIS, STEVE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, STEVE	3.2 NAME	
STREET ADDRESS	101 11TH AVENUE EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	TD BROWN, GWENDOLYN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GWENDOLYN	4.2 NAME	
STREET ADDRESS	502 20TH ST WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	
TITLE	D BROWN, LEROY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LEROY	5.2 NAME	
STREET ADDRESS	1507 NINTH AVE E	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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5/1/97

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.

CR2E037 (9/96)