

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 317 11TH STREET W. PALMETTO FL 34221 | Mailing Address 317 11TH STREET W. PALMETTO FL 34221 |
|--|--|



| | |
|---------------------------------------|----------------------------|
| 21 Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 23 City & State | 27 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 10/15/1987 | |
| 4. FEI Number 53-0204696 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PARKER, AVA L
603 N. MARKET STREET
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 | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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

| | | |
|----------------|-------------------------------|---------------------------------|
| 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 | TD | <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 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | S FRANKIE L. CRADDOCK |
| 1.3 STREET ADDRESS | 2507 8TH AVE EAST |
| 1.4 CITY-ST-ZIP | PALMETTO, FL 34221 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: *Frankie L. Craddock, Treasurer 1/14/98* 941-722-9531

CR2E037 (10/97)