

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90037 047 \*\*\*\*61.25

**DOCUMENT # N23027**

1. Entity Name

**TURNER CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH**

Principal Place of Business

Mailing Address

317 11TH STREET W.  
 PALMETTO FL 34221

317 11TH STREET W.  
 PALMETTO FL 34221-3947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**53-0204696**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, AVA L**  
**603 N. MARKET STREET**  
**JACKSONVILLE FL 32202**

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **CUMMINGS, FRANK C.**  
 STREET ADDRESS **11857 HONEY LOCUST DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **V**  Change  Addition  
 NAME **George Craddock**  
 STREET ADDRESS **2507 8th Avenue East**  
 CITY-ST-ZIP **Palmetto, Florida 34221**

TITLE **PD**  Delete  
 NAME **BROWN, PAUL**  
 STREET ADDRESS **311 11TH STREET WEST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **LEWIS, STEVE**  
 STREET ADDRESS **101 11TH AVENUE EAST**  
 CITY-ST-ZIP **BRADENTON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BROWN, GWENDOLYN**  
 STREET ADDRESS **502 20TH ST WEST**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BROWN, LEROY**  
 STREET ADDRESS **1507 NINTH AVE E**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **CRADDOCK, FRANKIE L**  
 STREET ADDRESS **2507 8TH AVE EAST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE  Change  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: **FRANKIE L CRADDOCK**  
*Frankie L Craddock Secretary*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-00**

Date

**941-722-9531**

Daytime Phone #