

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**  
 02-15-2001 90029 008 \*\*\*\*61.25

0074592

**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

A0043000



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Adams, John Hurst  
 11857 Honey Locust Dr  
 Jacksonville, FL 32223** ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Mayes, John A  
 3817 10th St Ct East  
 Bradenton, FL 34208** ☐ Change ☒ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/01** **941-729-2967**  
 Date Daytime Phone #

CR2E037 (10/00)