

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N23027

1. Entity 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**



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**

1st MOORE

CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINLEY, YOUNG	
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	CRADDOCK, GEORGE W	
STREET ADDRESS	2507 8TH AVENUE EAST	
CITY - ST - ZIP	PALMETTO FL 34221	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRADDOCK, FRANKIE L	
STREET ADDRESS	2507 8TH AVE EAST	
CITY - ST - ZIP	PALMETTO FL 34221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000259751	
CITY - ST - ZIP	03/11/05-80036-023 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

FRANKIE L. CRADDOCK

SIGNATURE

Frankie L. Craddock

3-7-05

941-789-2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #