



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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
		1st MOORE CR2E037 (10/04)	
			
		4. FEI Number Applied For 53-0204696 Not Applicable	
		5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PARKER, AVA L 603 N. MARKET STREET JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MCKINLEY, YOUNG 11857 HONEY LOCUST DR. JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	
TITLE	PD BROWN, PAUL 311 11TH STREET WEST PALMETTO FL 34221	<input type="checkbox"/> Delete	
TITLE	SD LEWIS, STEVE 101 11TH AVENUE EAST BRADENTON FL	<input type="checkbox"/> Delete	
TITLE	TD BROWN, GWENDOLYN 502 20TH ST WEST PALMETTO FL	<input type="checkbox"/> Delete	
TITLE	D CRADDOCK, GEORGE W 2507 8TH AVENUE EAST PALMETTO FL 34221	<input type="checkbox"/> Delete	
TITLE	S CRADDOCK, FRANKIE L 2507 8TH AVE EAST PALMETTO FL 34221	<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
SIGNATURE: <i>Frankie L. Craddock</i>		Date: 3-7-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 941-789-2967	