## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N23027**



Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90015 028 \*\*\*\*61.25

**FILED** 

	ECHAPEL AFRICAN NO PALMETTO, INC		EPISCOPAL			l.	04-10-2008	70013 02	0	1.23	
317 11TH STREET W.		317	Mailing Address 317 11TH STREET W. PALMETTO, FL 34221								
2. Principal P	lace of Business - No P.O. Box	x # 3. Mail	ng Address	<u> </u>							
Suite, Apt. #, etc.		Sui	Suite, Apt, #, etc.			04072008	Chg-NP	CR2E037	7 (12/06)		
City & State		Cit	City & State		:	4. FEI Number 53-0204696		_ <del>                                    </del>	plied For t Applicable		
Zip Country		Zip					of Status Desired	ا ا	8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
PARKER, AVA L 603 N. MARKET STREET					Name Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32202											
				City				FL	Zip Code		
	named entity submits this stati ions of registered agent.	ement for the purp	ose of changing its	registered office	or register	ed agent, or both	n, in the State of F	Florida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of regist	tered agent and title if app	icable. (NOTE	E: Registered Agent sign	meture required	when reinstating)		DATE		<del></del>	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
							,				
10.	Due by May 1, 2008	AND DIRECTORS				Added to Fees	,	orida Departi	ment of St	tate	
10. TITLE	Due by May 1, 2008	AND DIRECTORS		Contribution.		Added to Fees	Fic	orida Departi	ment of St	tate	
	OFFICERS D MCKINLEY, YOUNG		Trust Fund C	T1.  TILE NAME		Added to Fees	Fic	orida Departi	ment of St	tate	
TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS  D  MCKINLEY, YOUNG  11857 HONEY LOCUST	DR.	Trust Fund C	T11.  TITLE  NAME  STREET ADDRESS		Added to Fees	Fic	orida Departi	ment of St	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008  OFFICERS  D  MCKINLEY, YOUNG  11857 HONEY LOCUST  JACKSONVILLE, FL 322	DR.	Trust Fund C	T1.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Added to Fees	FIGURES TO OFFIC	orida Departi ERS AND DIR	ECTORS IN Change	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008  OFFICERS  D  MCKINLEY, YOUNG  11857 HONEY LOCUST  JACKSONVILLE, FL 322  PD	DR.	Trust Fund C	TILE NAME STREET ADDRESS CITY-ST-ZP TITLE		Added to Fees	FIGURES TO OFFIC	orida Departi ERS AND DIR	ment of St	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008  OFFICERS  D  MCKINLEY, YOUNG  11857 HONEY LOCUST  JACKSONVILLE, FL 322	DR. 23	Trust Fund C	T1.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD	Added to Fees  ADDITIONS/CHA  TUNE,	FRENCES TO OFFICE  AUC NUE	ERS AND DIR	ment of Si ECTORS IN Change Change	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008  OFFICERS  D  MCKINLEY, YOUNG  11857 HONEY LOCUST  JACKSONVILLE, FL 322  PD  BROWN, PAUL	DR. 23	Trust Fund C	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD	Added to Fees  ADDITIONS/CHA  TUNE,	FRENCES TO OFFICE  AUC NUE	ERS AND DIR	ment of Si ECTORS IN Change Change	tate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008  OFFICERS  D MCKINLEY, YOUNG 11857 HONEY LOCUST JACKSONVILLE, FL 322  PD BROWN, PAUL 311 11TH STREET WES PALMETTO, FL 34221  SD LEWIS, STEVE	DR. 23 T	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	PD FOR 721 13 A	Added to Fees  ADDITIONS/CHA  TUNE,	FRENCES TO OFFICE  AUC NUE	ERS AND DIR	ment of SI ECTORS IN Change Change	Addition	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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

SIGNATURE

SIGNATURE

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Descriptions

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