

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90208 032 ****61.25

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**

90025069



CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ADAMS, JOHN HURST | |
| 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 | |

| | | |
|----------------|--|---|
| 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 | | |
| 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)(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** **2-11-03** **941-729-2967**

CR2E037 (10/02)