2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003047

1. Entity Name
DAWSON CHAPEL CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
225 NORTH ORANGE STREET ST. AUGUSTINE, FL 32095	P.O. BOX 2233 ST. AUGUSTINE, FL 32085

DO NOT WRITE IN THIS SPACE

01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3637747
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITMORE, JEFFERY J
3015 AQUA VISTA IN. APT. 123
SAINT AUGUSTINE, FL 32084

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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 _____ 1/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	TD
NAME	AINA JONES, SHIRLEY W
STREET ADDRESS	980 WEST 6TH STREET
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085
TITLE	VPD
NAME	DAVIS, LENNIS
STREET ADDRESS	190 SOUTH NASSAU STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	SD
NAME	CHASE, DIANE
STREET ADDRESS	817 WEST SECOND STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	TD
NAME	PEMBLETON, LENNETTE
STREET ADDRESS	125 MARTIN LUTHER KING AVE.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	WILLIAMS, HENRY
STREET ADDRESS	866 COLLIER BLVD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	PD
NAME	WHITMORE, JEFFERY J
STREET ADDRESS	3015 AQUA IN. APT. 123
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084

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01/20/05-80055-024 61.25

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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: _____ 1/16/05 904-953-8201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #