


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 739180 1. Entity Name ALLEN TEMPLE AFRICAN METHODIST EPISCOPAL CHURCH OF TAMPA FLORIDA, INC.	
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Principal Place of Business 2101 NORTH LOWE STREET TAMPA, FL 33605	Mailing Address P.O. BOX 76676 TAMPA, FL 33675-1676
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DO NOT WRITE IN THIS SPACE



05252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2654662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, DELANO S ESQUIRE
1112 EAST KENNEDY BLVD.
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000161574 05/27/04-80001-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOK, WILLIE J 15277 NW 1ST ST PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOWARD, EDWARD 1514 FOX HILL PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAKER, BETTY 3914 PINE ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCCULLOUGH, EARL 1001 LASALLE ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Rev Willie J Cook 5-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #