

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003047

Entity Name: DAWSON CHAPEL CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**225 NORTH ORANGE STREET
ST. AUGUSTINE, FL 32084**Current Mailing Address:**225 NORTH ORANGE STREET
ST. AUGUSTINE, FL 32084 US**FEI Number: 59-3637747****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURCH, MAE T
756 W 13TH STREET
ST. AUGUSTINE, FL 32084 US*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.***SIGNATURE:** MAE T. BURCH

01/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, DIRECTOR
Name ORR, JOYCE M
Address 225 NORTH ORANGE STREET
City-State-Zip: SAINT AUGUSTINE FL 32084

Title TRUSTEE
Name WILBUR, JOSEPH
Address 980 WEST 6TH STREET
City-State-Zip: ST. AUGUSTINE FL 32084

Title TRUSTEE, RECORDING STEWARD
Name CHASE, DIANNE
Address 817 WEST 2ND STREET
City-State-Zip: ST. AUGUSTINE FL 32084

Title TRUSTEE
Name LEWIS, SR., CURTIS
Address 994 WEST KING STREET
City-State-Zip: ST. AUGUSTINE FL 32084

Title LOCAL DEACON
Name BURCH, MAE T
Address 756 WEST 13TH STREET
City-State-Zip: ST. AUGUSTINE FL 32084

Title STEWARD, TREASURER
Name AINA-JONES, SHIRLEY
Address 980 WEST 6TH STREET
City-State-Zip: ST. AUGUSTINE FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY AINA-JONES**STEWARD / TREASURER** 01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date