

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 707847

1. Entity Name
**ELEVENTH EPISCOPAL DISTRICT OF THE AFRICAN
METHODIST EPISCOPAL CHURCH, INC.**



Principal Place of Business
**101 EAST UNION ST
STE 301
JACKSONVILLE, FL 32202**

Mailing Address
**101 EAST UNION ST
STE 301
JACKSONVILLE, FL 32202**



04182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
53-0204696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YOUNG, MCKINLEY BISHOP
101 E. UNION ST
STE 301
JACKSONVILLE, FL 32202**

**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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000726890
05/04/07-80026-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	YOUNG, MCKINLEY
STREET ADDRESS	101 E UNION STREET STE 301
CITY-STATE-ZIP	JACKSONVILLE, FL 32202
TITLE	VP
NAME	BODISON, JOHN L
STREET ADDRESS	12885 S W 189TH STREET
CITY-STATE-ZIP	MIAMI, FL 33177
TITLE	SD
NAME	MITCHELL, MICHAEL L
STREET ADDRESS	2558 MISSION HILLS CIR. S.
CITY-STATE-ZIP	JACKSONVILLE, FL 32225
TITLE	SD
NAME	WILSON, ELLA
STREET ADDRESS	2785 VENUS DRIVE
CITY-STATE-ZIP	TITUSVILLE, FL 32796
TITLE	D
NAME	KENNON, LEROY
STREET ADDRESS	4881 CYPRESS WOODS DRIVE #312
CITY-STATE-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	ZANDERS, MARVIN C II
STREET ADDRESS	6910 NEW KINGS RD
CITY-STATE-ZIP	JACKSONVILLE, FL 32219

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/07