

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718688** (5)
1. Corporation Name
ELEVENTH DISTRICT A.M.E. LAYMANS CENTER, INC.

Principal Place of Business Mailing Address
1840 FRANCIS STREET JACKSONVILLE FL 32209

FILED
97 SEP 30 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1970		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 53-0204696		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent WILLIAMS, JAMES L. 1840 FRANCIS STREET JACKSONVILLE FL 32209				10. Name and Address of New Registered Agent			
				81. Name John W. Love			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. Rt. 2 Box 166K			
				84. City Quincy FL 85. Zip Code 32357			

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John W. Love* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
☐ DELETE				☐ Change ☐ Addition			
TITLE P				1.1 TITLE			
NAME BURNS, JESSE L				1.2 NAME			
STREET ADDRESS 3606 WILDERNESS BLVD. EAST				1.3 STREET ADDRESS			
CITY-ST-ZIP PARRISH FL				1.4 CITY-ST-ZIP			
☒ DELETE				2.1 TITLE			
TITLE VD				2.2 NAME			
NAME HOLT, JAMES E				2.3 STREET ADDRESS			
STREET ADDRESS 1703 SMITH ST				2.4 CITY-ST-ZIP			
CITY-ST-ZIP KISSIMEE FL				3.1 TITLE			
☒ DELETE				3.2 NAME			
TITLE S				3.3 STREET ADDRESS			
NAME EDWARDS, MILDRED				3.4 CITY-ST-ZIP			
STREET ADDRESS 930 VERNON ST				4.1 TITLE			
CITY-ST-ZIP DAYTONA BCH FL				4.2 NAME			
☒ DELETE				4.3 STREET ADDRESS			
TITLE TD				4.4 CITY-ST-ZIP			
NAME WHITE, MARIAN B				5.1 TITLE			
STREET ADDRESS 1252 W 6TH ST				5.2 NAME			
CITY-ST-ZIP RIVIERA BCH FL				5.3 STREET ADDRESS			
☒ DELETE				5.4 CITY-ST-ZIP			
TITLE FSD				6.1 TITLE			
NAME WILSON, LULA				6.2 NAME			
STREET ADDRESS 320 AVE. D				6.3 STREET ADDRESS			
CITY-ST-ZIP PORT ST JOE FL				6.4 CITY-ST-ZIP			
☐ DELETE				☐ Change ☐ Addition			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)