

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 RT 2 BOX 166K QUINCY FL 32351	Mailing Address RT 2 BOX 166K QUINCY FL 32351
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3. Date Incorporated or Qualified 06/16/1970	4. FEI Number 53-0204696	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVE, JOHN W
RT 2 BOX 166K
QUINCY FL 32351**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURNS, JESSE L	
STREET ADDRESS	3606 WILDERNESS BLVD. EAST	
CITY-ST-ZIP	PARRISH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WHITE, MARION B	
STREET ADDRESS	1252 W. 6TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 32404	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILSON, ELLA	
STREET ADDRESS	2785 VENUS DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, LULA	
STREET ADDRESS	320 AVENUE D	
CITY-ST-ZIP	PORT ST. JOE FL 32458	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	LOVE, JOHN W	
STREET ADDRESS	RT 2 BOX 166K	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 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.

SIGNATURE:

John W. Love

8-4-98 488-7406

CR2E037 (10/97)