


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718688					
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		

APPROVED
FOR
FILING
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 53-0204696	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LOVE, JOHN W RT 2 BOX 166K QUINCY FL 32351				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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							
TITLE	P	NAME		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
STREET ADDRESS	BURNS, JESSE L	CITY-ST-ZIP		1.1 TITLE			
CITY-ST-ZIP	3606 WILDERNESS BLVD. EAST PARRISH FL			1.2 NAME			
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE	VPD	NAME		2.1 TITLE			
STREET ADDRESS	WHITE, MARION B	CITY-ST-ZIP		2.2 NAME			
CITY-ST-ZIP	1252 W. 6TH STREET RIVIERA BEACH FL 32404			2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
TITLE	S	NAME		3.1 TITLE			
STREET ADDRESS	WILSON, ELLA	CITY-ST-ZIP		3.2 NAME			
CITY-ST-ZIP	2785 VENUS DRIVE TITUSVILLE FL 32796			3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE	TD	NAME		4.1 TITLE			
STREET ADDRESS	WILSON, LULA	CITY-ST-ZIP		4.2 NAME			
CITY-ST-ZIP	320 AVENUE D PORT ST. JOE FL 32456			4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE	FSD	NAME		5.1 TITLE			
STREET ADDRESS	LOVE, JOHN W	CITY-ST-ZIP		5.2 NAME			
CITY-ST-ZIP	RT 2 BOX 166K QUINCY FL 32351			5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE			
STREET ADDRESS		CITY-ST-ZIP		6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *John W. Love* *H-13-99*
Date Daytime Phone #

0009377

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