

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718688

1. Entity 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 32351-9802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BURNS, JESSE L
3606 WILDERNESS BLVD. EAST
PARRISH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Burns, Jesse L.
3200 NW 69th Place
Gainesville, FL 32653

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
WHITE, MARION B
1252 W. 6TH STREET
RIVERA BEACH FL 32404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800003136538--2
-02/15/00--01120--004
*****61.25 *****61.25

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WILSON, ELLA
2785 VENUS DRIVE
TITUSVILLE FL 32796

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WILSON, LULA
320 AVENUE D
PORT ST. JOE FL 32456

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Wilson, Lula TD
P.O. Box 1031
Port St. Joe, FL 32457

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
FSD
LOVE, JOHN W
RT 2 BOX 166K
QUINCY FL 32351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
FSD
Love, John
131 Minnie Ln
Quincy, FL 32351

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. 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 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 #

2-10-00

APPROVED
AND
FILED

00 FEB - 10 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/99)