

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90002 030 ****61.25

DOCUMENT # 720688

1. Entity Name
**GREATER GRANT MEMORIAL AFRICAN METHODIST
EPISCOPAL CHURCH, INC.**



Principal Place of Business Mailing Address
5533 GILCHRIST RD. 5533 GILCHRIST RD.
JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219

44050644



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1786710

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ANDERSON, DAMONE A JR
5632 INTERNATIONAL DR.
JACKSONVILLE, FL 32219

7. Name and Address of New Registered Agent

Name
Hansberry, Tony D.

Street Address (P.O. Box Number is Not Acceptable)
5347 Marsala Lane

Jacksonville, FL 32244

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, DAMONE A JR
STREET ADDRESS 5632 INTERNATIONAL DR.
CITY-ST-ZIP JACKSONVILLE, FL 32219 ☐ Delete

TITLE CD
NAME BARNES, GEORGE
STREET ADDRESS 5617 INTERNATIONAL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32219 ☐ Delete

TITLE CD
NAME WILLIAMS, ALFRED
STREET ADDRESS 5736 EARL CIR NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Hansberry, Tony D ☒ Change ☐ Addition
NAME
STREET ADDRESS 5347 Marsala Lane
CITY-ST-ZIP Jacksonville, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #