

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738736 (8)

1. Corporation Name

**AFRICAN METHODIST EPISCOPAL CHURCH, ALLEN CHAPEL
, OF NEW SMYRNA BEACH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**548 MARY AVE.
NEW SMYRNA BEACH FL 32168**

**548 MARY AVE.
NEW SMYRNA BEACH FL 32168**



3. Date Incorporated or Qualified

04/19/1977

3a. Date of Last Report

05/30/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRELL, MARY S.
453 OAK STREET
NEW SMYRNA BEACH FL 32168**

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

TRD

☐ DELETE

NAME

HARRELL, JIMMY

STREET ADDRESS

453 OAK STREET

CITY - ST - ZIP

NEW SMYRNA BCH FL

TITLE

TRD

☐ DELETE

NAME

BAILEY, RICHARD

STREET ADDRESS

1201 JULIA STREET

CITY - ST - ZIP

NEW SMYRNA BCH FL

TITLE

TRD

☐ DELETE

NAME

BLAKE THOMAS

STREET ADDRESS

532 N MYRTLE AVENUE

CITY - ST - ZIP

NEW SMYRNA BCH FL

TITLE

PAS

☐ DELETE

NAME

MONROE EUGENE

STREET ADDRESS

548 MARY AVENUE

CITY - ST - ZIP

NEW SMYRNA BCH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

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42 NAME

43 STREET ADDRESS

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rev. Eugene Monroe, Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 904-427-4365

DATE

DAYTIME PHONE #

CR2E037 (12/95)