

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # 757725 (7)**  
1. Corporation Name  
**ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH  
OF DAYTONA BEACH, FLORIDA, INCORPORATED**



|                                                                                            |                                                                                       |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>580 CYPRESS STREET<br/>DAYTONA BEACH FL 32114<br/>US</b> | Mailing Address<br><b>POST OFFICE BOX 9573<br/>DAYTONA BEACH FL 32120-9573<br/>US</b> |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/24/1981</b>                                                                                           | 3a. Date of Last Report<br><b>02/28/1996</b>           |
| 4. FEI Number<br><b>59-2138621</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, YVETTE V.  
356 BARTLEY RD.  
DAYTONA BEACH FL 32114**

|                                                       |
|-------------------------------------------------------|
| 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<br><b>D</b>                               | <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>DESMORE, REVA</b>                    |                                            | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>851 MADISON</b>            |                                            | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP<br><b>DAYTONA BCH FL</b>            |                                            | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>D</b>                               | <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>HILL, HENRY</b>                      |                                            | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>309 GARDEN ST.</b>         |                                            | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP<br><b>DAYTONA BEACH FL 32114</b>    |                                            | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>P</b>                               | <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>BOUIE, MICHAEL K</b>                 |                                            | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>320 N LINCOLN ST</b>       |                                            | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP<br><b>DAYTONA BCH FL</b>            |                                            | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>D</b>                               | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>SIMMS, BARRY</b>                     |                                            | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>116 HERRING GULL COURT</b> |                                            | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP<br><b>DAYTONA BEACH FL</b>          |                                            | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>SD</b>                              | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>DAVIS, EVANGELYN</b>                 |                                            | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>872 HOLLYWOOD AVE</b>      |                                            | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP<br><b>DAYTONA BEACH FL 32114</b>    |                                            | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                           | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                            |                                            | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS                                  |                                            | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                     |                                            | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I do 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: [Signature] 1/29/97 904-252-0727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 40002481

CR2E037 (9/96)