

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90180 046 ****70.00

0002416

DOCUMENT # 757725

1. Corporation Name

**ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH
OF DAYTONA BEACH, FLORIDA, INCORPORATED**

Principal Place of Business

**580 GEORGE W ENGRAM BLVD
DAYTONA BEACH FL 32114
US**

Mailing Address

**POST OFFICE BOX 9573
DAYTONA BEACH FL 32120-9573
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/24/1981

4. FEI Number

59-2138621

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

**FORRESTER, J R
139 SO KEECH STREET
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

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.

N/A

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 **D** ☐ DELETE

NAME **DESMORE, REVA**

STREET ADDRESS **851 MADISON**

CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **D** ☒ DELETE

NAME **HILL, HENRY**

STREET ADDRESS **309 GARDEN ST.**

CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **P** ☐ DELETE

NAME **BOUIE, MICHAEL K**

STREET ADDRESS **320 N LINCOLN ST**

CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **D** ☐ DELETE

NAME **ST JAMES, LUTHER I**

STREET ADDRESS **4 FOX HOLLOW DRIVE**

CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **S** ☒ DELETE

NAME **SMITH, ROSALYN**

STREET ADDRESS **731 REVERE STREET**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **S** ☐ DELETE

NAME **HENDERSON, ROBERT**

STREET ADDRESS **1492 SURVEY PARK DRIVE**

CITY-ST-ZIP **PORT ORANGE FL 32124**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

GRIMES, DAISY

130 OLD MILL RUN

ORMOND BEACH, FL 32174

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

ST. JAMES, LUTHER, III

4 FOX HOLLOW DRIVE

ORMOND BEACH, FL 32174

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S

DAVIS, ELEANOR

872 HOLLYWOOD STREET

DAYTONA BEACH, FL 32114

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

HENDERSON, ROBERT

1492 SURVEY PARK DRIVE

PORT ORANGE, FL 32124

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:

MICHAEL K. BOUIE

Michael K. Bouie (904) 255-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)