

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91625 040 ****70.00

DOCUMENT # 757725

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

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

59-2138621

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

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

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 **D** ☐ Delete
 NAME **DESMORE, REVA**
 STREET ADDRESS **851 MADISON**
 CITY-ST-ZIP **DAYTONA BCH FL**

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

TITLE **D** ☒ Delete
 NAME **GRIMES, DAISY**
 STREET ADDRESS **130 OLD MILL RUN**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **D** ☐ Change ☒ Addition
 NAME **Lester Cuby**
 STREET ADDRESS **7 Fox Hollow Drive**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **P** ☐ Delete
 NAME **BOUIE, MICHAEL K**
 STREET ADDRESS **31 SHADOW CREEK WAY**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **D** ☐ Delete
 NAME **HAMILTON, LINWOOD**
 STREET ADDRESS **1436 PEACHTREE ROAD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE **S** ☒ Delete
 NAME **DAVIS, EVANGELYN**
 STREET ADDRESS **872 HOLLYWOOD ST.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Change ☒ Addition
 NAME **Freddie Harris**
 STREET ADDRESS **1079 Libby Court - North**
 CITY-ST-ZIP **Daytona Beach, FL 32117**

TITLE **S** ☐ Delete
 NAME **HENDERSON, ROBERT**
 STREET ADDRESS **1492 SURVEY PARK DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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)(f), 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 REQUIRED Forrester

Date

4/29/02

Daytime Phone #

(386)2551195

CR2E037 (9/01)