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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 760786

1. Corporation Name

THE BOARD OF INCORPORATORS OF ST. PAUL AFRICAN M ETHODIST EPISCOPAL CHURCH, 11TH EPISCOPAL DISTRI

Principal Place of Business	Mailing Address
110 S. LAKE ST. LEESBURG FL 34748	110 S. LAKE ST. LEESBURG FL 34748

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 11/23/1981

4. FEI Number: 59-2105000 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BERRY, LONZIA J
110 S. LAKE ST.
LEESBURG FL 34748

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROJAS, MAZIE W		1.2 NAME		
STREET ADDRESS	110 S LAKE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, L. J		2.2 NAME		
STREET ADDRESS	900 MCCORMICK ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GLYMP, ERTHA		3.2 NAME		
STREET ADDRESS	105 OAK ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JOHN L.		4.2 NAME		
STREET ADDRESS	1070 TUSKEEGEE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LACEY, ALFORNIA		5.2 NAME		
STREET ADDRESS	1202 E. MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SPYIES, EDDIE		6.2 NAME		
STREET ADDRESS	1019 BAKER ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		6.4 CITY-ST-ZIP		

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: Lonzia J. Berry **REQUIRED** 1-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)