SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL -7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **763995** **(8)**

1. Corporation Name

EAST FLORIDA CONFERENCE OF THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202	112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 07/02/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 53-0204696 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DESUE, THOMAS
112 W. ADAMS ST.
SUITE #1814
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: AVA L. PARKER
82 Street Address (P.O. Box Number is Not Acceptable): 112 W. ADAMS ST.
83: SUITE 1814
84 City: JACKSONVILLE **FL** 85 Zip Code: 32202

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 617.0508, Florida Statutes.

SIGNATURE: Ava L. Parker Ava L. Parker DATE: 6/12/95
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DESUE, THOMAS	1.2 NAME		
STREET ADDRESS	112 W. ADAMS ST. STE. 1814	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINGS, FRANK C	2.2 NAME		
STREET ADDRESS	11857 HONEY LOCUST DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JAACKSONVILLE FL 32223	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, MICHAEL L	3.2 NAME		
STREET ADDRESS	2803 COURTNEY DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, KENNETH	4.2 NAME		
STREET ADDRESS	60 BEACON MILL LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32189	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	DESUES, THOMAS B	5.2 NAME	James M. Proctor	
STREET ADDRESS	1690 RIBAULT SCENIC DR.	5.3 STREET ADDRESS	8132 Blazing Star Road	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SHEHEE, T.E.	6.2 NAME		
STREET ADDRESS	1649 KINAS ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: THOMAS DESUE Thomas B. Desues 6/12/95 (904)355-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000011