FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763995

(8)

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

Principal Place of Business

Mailing Address

12 WEST ADAMS ST. SUITE 1814 112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202-3837

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

	BIBIL BEBEL BIBIC	

NONOVITIEE IE VEECE		U 110	STORY OF SELECTION						Date of Last Report 05/01/1996		
2. Principal P	lace of Busin	ness	28	2a. Mailing Address					4. FEI Number	Applied For	
1 40 East State Street				26 40 East State Street				et			
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing	\$5.00 May Be	
Jacksonville, FL			28	1				Trust Fund Contribution	Added to Fees		
^z \$2202	S2202 Country			39202 Country			У		8. This corporation has liability for intangible tax under s. 199.032,		
2425			29					Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						-	т	10. Name and Address of New Registered Agent			
PARKER, AVA L.						81		Parker, Ava L. Address (P.O. Box Number is Not Acceptable) O. N. Market Street			
112 W. AL				83			03	N. Market Street			
SUITE #1				83			'				
JACKSON	<u></u>		84	1		acksonville F	_ 85 32202				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutos, 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 .											
12.	Signature, typed	d or printed name of registered agent OFFICERS AND			E: Ro	gistored Ac	ent signature	required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12	
TITLE	D	OFFICENS AND	DINE	DELETE		11 TITLE		CD		XX Change Addition	
NAME	_	THAMAS		(chag)	ł	1.2 NAME				- FEE CHANGE [] Addition	
54005 , 1770				- 0					ummings, Frank C.		
STREET ADDRESS 112 W. ADAMS ST. STE. 1814									857 Honey Locust Dr.		
CITY-ST-ZIP JACKSONVILLE FL 32202					2.1 TITLE			Addition Addition			
			1			2.1 TITLE 2.2 NAME BE		Sue, Thomas			
NAME CUMMINGS, FRANK C STREET ADDRESS 11857 HONEY LOCUST DR.			~ / /				40	East State Street			
·		ONVILLE FL 32223					.Ta		cksonville, FL 3220)2	
CITY-ST-ZIP TITLE	VD	DINVILLE FL 32223				2. 4 CITY-ST-ZIP 3.1 TITLE				Change Addition	
NAME	1 10					3.2 NAME			200002164	Change Addition	
NAME MITCHELL, MICHAEL L STREET ADDRESS 2803 COURTNEY DR.				3.3			3.3 STREET ADDRESS		200008164732-06		
14 A 14 A 1 1 M Et . A 4 4 4							3.4 CITY-ST-ZIP		*****61.25 ******61.25		
TITLE							1 TITLE		Change Addition		
NAME	_	(ENNETH				4.2 NAME					
NAME WHITE, KENNETH STREET ADDRESS 60 BEACON MILL LANE						T ADDRESS					
OTY-ST-ZIP PALM COAST FL 32189			1		4.4 Dity-SI-ZIP						
TITLE	D	MALIE DE 100		DELETE		5.1 TITLE	01.2 Fil			Change Addition	
NAME	, –	R, JAMES M.			1	5.2 NAME					
STREET ADDRESS		AZING STAR RD		5.3 \$TREE1 ADDRESS					•		
CITY-ST-ZIP JACKSONVILLE FL				5.4 CITY-ST-ZIP							
TITLE	D	1 1 THE P. LEWIS CO. L.		DELETE	_	6.1 TITLE				Change Addition	
NAME SHEHEE, T.E.					6.2 NAME					14V100	
STREET ADDRESS 1649 KINAS ROAD				6.3 STREET ADDRI						71,0119	
CITY-ST-ZIP		NVILLE FL			- 1	6.4 CITY-				5111	
			with t	this filing does not quali				lated	in Section 119.07(3)(i), Florida Statutes, I furth	er certify that the	

Too refereby certainy that the information supplied with this tilling does not quality 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 eath; 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 chapted, or on an attachment with an address.