09241999-90015-001-$857.50-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 OCT -1 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763995

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

619763 - 90015 - 4

Principal Place of Business	Mailing Address
40 EAST STATE STREET JACKSONVILLE FL 32202	40 EAST STATE STREET JACKSONVILLE FL 32202

9/24/99 90015001 $61.25

2. Principal Place of Business 21 101 East Union Street 22 Suite 301 23 Jacksonville, FL 24 Zip 32202 25 Country America	2a. Mailing Address 26 101 East Union Street 27 Suite 301 28 Jacksonville, FL 29 Zip 32202 30 Country Duval America	3. Date Incorporated or Qualified 07/02/1982 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

9. Name and Address of Current Registered Agent

PARKER, AVA L
603 N. MARKET STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: DeSue, Thomas B.
82 Street Address (P.O. Box Number is Not Acceptable): 101 East Union Street
83: Suite 301
84 City: Jacksonville FL 85 Zip Code: 32201

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: Thomas B. DeSue (Signature, typed or printed name of registered agent and title if applicable) Thomas B. DeSue (NOTE: Registered Agent signature required when reinstating) DATE: 09/29/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINGS, FRANK C 11857 HONEY LOCUST DR JACKSONVILLE FL 32223	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Proctor, James M. 11423 Bridges Road Jacksonville, FL 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESUE, THOMAS B. 40 EAST STATE STREET JACKSONVILLE FL 32202	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MITCHELL, MICHAEL L 2803 COURTNEY DR. JACKSONVILLE FL 32208	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, KENNETH 60 BEACON MILL LANE PALM COAST FL 32189	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O PROCTOR, JAMES M. ~~8132 BLAZING STAR RD~~ JACKSONVILLE FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEHEE, T.E. 1649 KINAS ROAD JACKSONVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/99)

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: ~~DeSue, Thomas B~~ SIGNATURE REQUIRED Thomas B. DeSue 09/14/99 (904) 355-8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE