

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 24, 1999 8:00 am  
Secretary of State

09-24-1999 90015 001 \*\*\*857.50

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1. Corporation Name

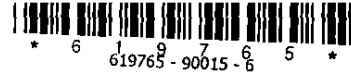
ORLANDO FLORIDA CONFERENCE OF THE AFRICAN METHOD  
IST EPISCOPAL CHURCH, INC.

Principal Place of Business

101 EAST UNION STREET.. STE 301  
JACKSONVILLE FL 32202

Mailing Address

101 EAST UNION STREET.. STE 301  
JACKSONVILLE FL 32202



|                                |  |                        |  |                                   |  |
|--------------------------------|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 07/02/1982                        |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number                     |  |
| 23 Zip                         |  | 28 Zip                 |  | 53-0204696                        |  |
| 24 Country                     |  | 29 Country             |  | 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

DESUE, THOMAS B  
101 EAST UNION STREET., STE 301  
JACKSONVILLE FL 32202

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: Desue Thomas B Thomas B Desue 09/14/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | DESUE, THOMAS B                   | 1.2 NAME  | <u>Zanders, Marvin C.</u>  |
| STREET ADDRESS             | 101 EAST UNION STREET., STE 301   | 1.3 STREET ADDRESS                                    | <u>5067 Loblolly Bay Lane</u>  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202             | 1.4 CITY-ST-ZIP                                       | <u>Orlando, FL 32899</u>   |
| TITLE                      | P <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CUMMINGS, FRANK C                 | 2.2 NAME  |  |
| STREET ADDRESS             | 11857 HONEY LOCUST DR.            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32223             | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KENNON, LEROY                     | 3.2 NAME  |  |
| STREET ADDRESS             | 8029 CLOVER GLENN CIR             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL 32218                  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MAINER, JOHN E                    | 4.2 NAME  |  |
| STREET ADDRESS             | 6177 RHYTHM CIRCLE                | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL 32808                  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WILLIAMS, J O                     | 5.2 NAME  |  |
| STREET ADDRESS             | P.O. BOX 738 N/A                  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | OAKLAND FL 34760                  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BOUIE, MICHAEL J REV              | 6.2 NAME  |  |
| STREET ADDRESS             | 320 LINCOLN STREET                | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32114            | 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: Desue Thomas B Thomas B Desue 09/14/99 9043558262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #