

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**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

**DOCUMENT # 763999**

1. Corporation Name

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

Principal Place of Business

Mailing Address

101 EAST UNION STREET., STE 301  
 JACKSONVILLE FL 32202

101 EAST UNION STREET., STE 301  
 JACKSONVILLE FL 32202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/02/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		53-0204696	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country	Trust Fund Contribution	
25		30			

**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
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

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 type="checkbox"/> Addition
NAME	DESUE, THOMAS B	1.2 NAME	
STREET ADDRESS	101 EAST UNION STREET., STE 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, FRANK	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	GREEN, JOHN F	3.2 NAME	
STREET ADDRESS	501 WEST ORANGE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, LEE E	4.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 114	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, LEANDER	5.2 NAME	
STREET ADDRESS	3117 SUFFOLK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDICK, JOSPEH A	6.2 NAME	
STREET ADDRESS	1943 COLLEGE CIR NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	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:** *Thomas B. Desue*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/99 (904) 3558268  
 Date Daytime Phone #

CR20937 (5/00)