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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **764000** **(6)**

1. Corporation Name

ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF FORT PIERCE, FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 2296 FT. PIERCE FL 34954 US	PO BOX 2296 FT. PIERCE FL 34954 US

3. Date Incorporated or Qualified: 07/02/1982

4. FEI Number: 59-2377304 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 1602 'G' TERRACE
22: Suite, Apt. #, etc.
23: Ft. Pierce, FL
24: Zip 34950 — 25: Country US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, HARTFORD
2450 KINGS RICHARD ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): Same
83: NON/APPLICABLE-NA
84 City: Same — **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 _____ DATE
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	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE, HARTFORD		1.2 NAME	
STREET ADDRESS	2450 KINGS RICHARD ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP	
TITLE	VPDT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENJAMIN, RONALD		2.2 NAME	
STREET ADDRESS	1903 AVE 'P'		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950		2.4 CITY-ST-ZIP	
TITLE	SDT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRITT, JAMES SR		3.2 NAME	
STREET ADDRESS	2710 AVE 'J'		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Hartford Lee — DATE: March 25 1998 — 407-242-6440