

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764000

1. Entity Name

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

Principal Place of Business

1602 "G" TERRACE
FT. PIERCE FL 34950
US

Mailing Address

PO BOX 2296
FT. PIERCE FL 34954
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2377304

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, MILLARD
745 BEACH STREET N.W.
PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
CAMPBELL, MILLARD
745 BEACON STREET NORTH WEST
PALM BAY FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPDT
BENJAMIN, RONALD
1903 AVE 'P'
FT. PIERCE FL 34950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SDT
BRITT, JAMES SR
2710 AVE 'J'
FT. PIERCE FL 34950

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MILLARD CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Date

Daytime Phone #

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90077 045 *****70.00

B0019606



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)