

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

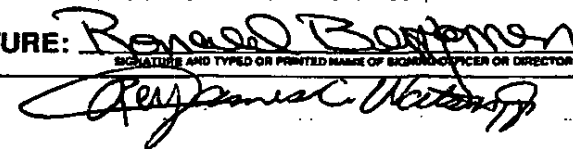
**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90038 002 \*\*\*\*61.25

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MOORE CR2E037 (11/03)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 764000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                      |         |  |
| 1. Entity Name<br><b>ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF FORT PIERCE, FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                      |                                                                                          |  |
| Principal Place of Business<br><b>1602 "G" TERRACE<br/>FT. PIERCE FL 34950<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                 | Mailing Address<br><b>PO BOX 2298<br/>FT. PIERCE FL 34954<br/>US</b>                                                                                                                                                                                 |                                                                                          |  |
| 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<br><b>59-2377304</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><b>CAMPBELL, MILLARD<br/>745 BEACON STREET N.W.<br/>PALM BAY FL 32907</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name <b>Watson, James C. Jr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>PO Box 1383, 10022 Baynton Place Circle<br/>Bournton Bch, FL</b><br>City <b>FL</b> Zip Code <b>33425</b> |                                                                                          |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                      |                                                                                          |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | DATE <b>April 14, 2004</b>                                                                                      |                                                                                                                                                                                                                                                      | NOTE: Registered Agent signature required when reinstating                               |  |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                                                                                                      | Make Check Payable to<br>Florida Department of State                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CD<br>CAMPBELL, MILLARD<br>745 BEACON STREET NORTH WEST<br>PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | CD<br>Watson, James C. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><del>PO Box 1383</del><br>Baynton Bch, FL 33425                                                                                           |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VPOY<br>BENJAMIN, RONALD <input type="checkbox"/> Delete<br>1903 AVE "P"<br>FT. PIERCE FL 34950                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | Watson, James C Jr <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10022 Baynton Place Circle<br>Bournton Bch Fla 33425                                                                                                         |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SDY<br>ERITT, JAMES SR <input type="checkbox"/> Delete<br>2710 AVE "J"<br>FT. PIERCE FL 34950                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              |                                                                                                                                                                                                                                                      |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                    |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                    |                                                                                          |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | 02/ap/04 772-4649724                                                                                            |                                                                                                                                                                                                                                                      |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | Date Daytime Phone #                                                                                            |                                                                                                                                                                                                                                                      |                                                                                          |  |