SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **764001** **(4)**

1. Corporation Name

SOUTH FLORIDA CONFERENCE OF THE AFRICAN METHODIS T EPISCOPAL CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202	112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **07/02/1982**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **53-0204696** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CUMMINGS, FRANK C. BISHOP
112 W. ADAMS ST.
SUITE 1814
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: AVA PARKER
82 Street Address (P.O. Box Number is Not Acceptable): 112 West Adams St. Suite 1814
83
84 City: Jacksonville **FL** 85 Zip Code: 32202

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: Ava L. Parker — Ava L. Parker — 6/12/95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	DESURE, THOMAS	1.2 NAME	
STREET ADDRESS	112 W. ADAMS ST. STE. 1814	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, FRANK C	2.2 NAME	
STREET ADDRESS	11857 HONEY LOCUST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32222-3	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, FRANK A	3.2 NAME	
STREET ADDRESS	2501 N.W. 16TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 32311	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, C. W., REV.	4.2 NAME	
STREET ADDRESS	973 BRUNSWICK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BLAKE, J.B.	5.2 NAME	
STREET ADDRESS	5015 MARION PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HINSON, I.D.	6.2 NAME	
STREET ADDRESS	P.O. BOX 694604	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas Desure — 6/12/95 — (904) 355-8262
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas Desure

000001P