

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764001 (4)

1. Corporation Name

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

Principal Place of Business

112 WEST ADAMS ST.
SUITE 1814
JACKSONVILLE FL 32203

Mailing Address

112 WEST ADAMS ST.
SUITE 1814
JACKSONVILLE FL 32203



3. Date Incorporated or Qualified
07/02/1982

3a. Date of Last Report
07/07/1995

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

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, AVA
112 W. ADAMS ST.
SUITE 1814
JACKSONVILLE FL 32202

81 Name

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

83

84 City

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

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

DELETE

NAME

DESURE, THOMAS

STREET ADDRESS

112 W. ADAMS ST. STE. 1814

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

DC

DELETE

NAME

CUMMINGS, FRANK C

STREET ADDRESS

11857 HONEY LOCUST DR.

CITY-ST-ZIP

JACKSONVILLE FL 32222-3

TITLE

D

DELETE

NAME

ALLEN, FRANK A

STREET ADDRESS

2501 N.W. 16TH CT.

CITY-ST-ZIP

FT. LAUDERDALE FL 32311

TITLE

Director

DELETE

NAME

HUNT, C. W., REV.

STREET ADDRESS

973 BRUNSWICK LANE

CITY-ST-ZIP

ROCKLEDGE FL

TITLE

D

DELETE

NAME

BLAKE, J.B.

STREET ADDRESS

5015 MARION PLACE

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

D

DELETE

NAME

HINSON, I.D.

STREET ADDRESS

P.O. BOX 694604

CITY-ST-ZIP

MIAMI FL

11 TITLE

Treasurer

Change Addition

12 NAME

Bodison, John

13 STREET ADDRESS

1845 NW 65th Street

14 CITY-ST-ZIP

Miami, FL 33147

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Director
Standifer, C.E.

6400 South west 62nd Terrace

Miami, FL 33143

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

904-355-8262

Date

Daytime Phone #

CR2E037 (12/95)