

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764001

(4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

40 EAST STATE STREET  
JACKSONVILLE FL 32202

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JACKSONVILLE FL 32202

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified

07/02/1982

4. FEI Number

53-0204696

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

PARKER, AVA L  
603 N. MARKET STREET  
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	1.1 TITLE	D DeSue, Thomas B
NAME	CUMMINGS, FRANK C	1.2 NAME	1490 Ribault Seaside Dr
STREET ADDRESS	11857 HONEY LOCUST DRIVE	1.3 STREET ADDRESS	Jacksonville, FL 32208
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BODISON, JOHN	2.2 NAME	
STREET ADDRESS	1845 N.W. 65TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
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	D	4.1 TITLE	
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	
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	
NAME	STANDIFER, C.E.	6.2 NAME	
STREET ADDRESS	6400 SOUTH WEST 62ND TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	6.4 CITY-ST-ZIP	

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:

Thomas B. DeSue Thomas B. DeSue 07/17/98 (904) 355-5442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)