09241999-90015-001-$857.50-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 OCT -1 AM 11:35

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DOCUMENT # 764001

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

Principal Place of Business	Mailing Address
40 EAST STATE STREET JACKSONVILLE FL 32202	40 EAST STATE STREET JACKSONVILLE FL 32202

2. Principal Place of Business 21 101 East Union Street Suite, Apt. #, etc. 22 Suite 301 City & State 23 Jacksonville, FL Zip / Country 24 32202 25 America	2a. Mailing Address 26 101 East Union Street Suite, Apt. #, etc. 27 Suit 301 City & State 28 Jacksonville FL Zip / Country 29 32202 30 America	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 Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PARKER, AVA L
603 N. MARKET STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: DeSue, Thomas B.
82 Street Address (P.O. Box Number is Not Acceptable): 101 East Union Street
83 Suite 301
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: Thomas B. DeSue — Thomas B. DeSue — 09/29/99
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	1.1 TITLE	D	☐ Change ☑ Addition
NAME	CUMMINGS, FRANK C		1.2 NAME	Parker, E.J. II	
STREET ADDRESS	11857 HONEY LOCUST DRIVE		1.3 STREET ADDRESS	18003 S.W. 87th Place	
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	T	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BODISON, JOHN		2.2 NAME	Heastie, G. Raymond	
STREET ADDRESS	1845 N.W. 65TH STREET		2.3 STREET ADDRESS	1148 W. 32nd Street	
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	ALLEN, FRANK A		3.2 NAME	DeSue, Thomas B.	
STREET ADDRESS	2501 N.W. 16TH CT.		3.3 STREET ADDRESS	101 East Union Street	
CITY-ST-ZIP	FT. LAUDERDALE FL 32311		3.4 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	D	☑ DELETE	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	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

10/4

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, with all other like empowered.

SIGNATURE: DeSue, Thomas B. SIGNATURE REQUIRED — Thomas B. DeSue — 09/14/99 — (904) 355-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)