

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90015 001 ***857.50

DOCUMENT # 764002

1. Corporation Name

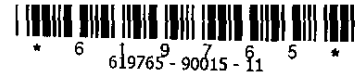
**TAMPA FLORIDA CONFERENCE OF THE AFRICAN METHODIS
T EPISCOPAL CHURCH, INC.**

Principal Place of Business

101 EAST UNION STREET.. STE 301
JACKSONVILLE FL 32202

Mailing Address

101 EAST UNION STREET.. STE 301
JACKSONVILLE FL 32202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/02/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		53-0204696	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country		Applied For	
25		30		Not Applicable	

9. Name and Address of Current Registered Agent

DESUE, THOMAS B
101 EAST UNION STREET., STE 301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Desue Thomas B.

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 <input type="checkbox"/> DELETE	1.1 TITLE	Dawkins Harry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESUE, THOMAS	1.2 NAME	D
STREET ADDRESS	101 EAST UNION STREET., STE 301	1.3 STREET ADDRESS	3761 42nd Street, South
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	St Petersburg, FL 33711
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CUMMINGS, FRANK	2.2 NAME	
STREET ADDRESS	11857 HONEY LOCUST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ANDREWS, THEODORE	3.2 NAME	
STREET ADDRESS	11500 SUMMIT BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33867	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	JENKINS, C. E REV	4.2 NAME	
STREET ADDRESS	2403 DUNBAR AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	KEEL, J B	5.2 NAME	
STREET ADDRESS	6705 N 32ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33061	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DENMARK, J L	6.2 NAME	
STREET ADDRESS	5464 MICCO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	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, with all other like empowered.

SIGNATURE: Desue Thomas B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

09/14/99 (904) 3558242

CR2EN37 15/991