2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 764007

Entity Name: ALLEN TEMPLE AFRICAN METHODIST EPISCOPAL CHURCH OF LAKE WALES, FLORIDA, INC.

Current Principal Place of Business:

241
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 972
LAKE WALES, FL 338590972 US

New Mailing Address:

FEI Number: 59-2677086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANLEY, THEOPHILYS M
510 CRESCENT CIRCLE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SMITH, DAVID M	
Address:	111 BRITTON ST	
City-St-Zip:	BABSON PARK, FL 33827	
Title:	S	( ) Delete
Name:	MUSSINGTON, ETHYL I	
Address:	439 PEARL ST	
City-St-Zip:	LAKE WALES, FL 33859	
Title:	T	( ) Delete
Name:	JOHNSON, HELEN	
Address:	504 CORAL SHORES DR	
City-St-Zip:	LAKE WALES, FL 33859	
Title:	VP	( ) Delete
Name:	HAWKINS, JOHNNIE A	
Address:	20549 HWY 27	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	REESE, ERMA J	
Address:	442 CORAL SHORES DR	
City-St-Zip:	LAKE WALES, FL 33859	
Title:	D	( ) Delete
Name:	MANLEY, THEOPHILLUS M	
Address:	510 CRESCENT CIRCLE	
City-St-Zip:	LAKE WALES, FL 33859	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SMITH P 04/27/2006

Electronic Signature of Signing Officer or Director — Date