

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764007

FILED  
Apr 23, 2009  
Secretary of State

**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 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: THEOPHILLUS MANLEY

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date