2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT #764010** 1. Entity Name HURST CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF WINTER HAVEN, FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 3623 P.O. BOX 3623 WINTER HAVEN, FL 33881-3623 WINTER HAVEN, FL 33881-3623 04032005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2042618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TRAKAS, ANDREW P DO NOT WRITE 123 AVENUE C, S.W. WINTER HAVEN, FL 33880 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE SD NAME HORNE, LOUISE U00000295639 04/09/05-80034-018 61.25 STREET ADDRESS 2210 5TH STREET NE. CITY-ST-ZIP WINTER HAVEN, FL 33881 TITLE NAME BRYANT, MATTIE STREET ADDRESS 1520 6TH COURT N.E. CITY-ST-ZIP WINTER HAVEN, FL 33881 TITLE NAME CLARK, RONNIE L STREET ADDRESS 830 CARLTON CT. DO NOT WRITE CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE IN THIS SPACE NAME JAMES, KENNETH A STREET ADDRESS 1315 10TH STREET NE CITY-ST-ZIP WINTER HAVEN, FL 33881 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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CITY-ST-ZIP

(863) 2936415 onnie L. Clark, Rev. Ronnie L. Clark, Pastor 4/6/05