

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 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
**P.O. BOX 3623
WINTER HAVEN, FL 33881-3623**

Mailing Address
**P.O. BOX 3623
WINTER HAVEN, FL 33881-3623**



03192008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2042618

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRAKAS, ANDREW P
123 AVENUE C, S.W.
WINTER HAVEN, FL 33880**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HORNE, LOUISE
2210 5TH STREET NE.
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BRYANT, MATTIE
1520 6TH COURT N.E.
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CLARK, RONNIE L
452 TERRANOVA STREET
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
JAMES, KENNETH A
1315 10TH STREET NE
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/15/08-90040-010 70:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Ronnie L. Clark -Rev. Ronnie L. Clark 3/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #