

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764021

**FILED**  
**Aug 10, 2010**  
**Secretary of State**

**Entity Name:** AFRICAN METHODIST EPISCOPAL CHURCH OF THE MASTER OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

5637 VERNON ROAD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

5637 VERNON ROAD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 59-3506534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, MOSE REV.  
5637 VERNON ROAD  
JACKSONVILLE, FL 32209 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: DP  
Name: THOMAS, III, MOSE REV.  
Address: 12259 FRANKLIN BROOK LANE S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS  
Name: WILLIAMS, GERALD  
Address: 826 MAGIC COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT  
Name: JAMES, JOE  
Address: 6640 KINLOCK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

SIGNATURE: MOSE THOMAS

REV.

08/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date