

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766132** (5)

1. Corporation Name

ST. JOHN A.M.E. CHURCH, INC.



Principal Place of Business

Green, William J. Rev
~~CO-REV CHARLES E. STANDIFER~~
6461 S.W. 59TH PLACE
SOUTH MIAMI FL 33143

Mailing Address

Green, William J. Rev
~~CO-REV CHARLES E. STANDIFER~~
6461 S.W. 59TH PLACE
SOUTH MIAMI FL 33143

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/14/1982

3a. Date of Last Report

07/13/1995

4. FEI Number

65-0316864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Green, William J. Rev
~~STANDIFER, CHARLES E. REV.~~
6461 S.W. 59TH PLACE
SOUTH MIAMI FL 33143

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD STANDIFER, CHARLES E. ☒ DELETE
NAME	NO LONGER
STREET ADDRESS	NO LONGER
CITY-ST-ZIP	NO LONGER
TITLE	TURNER, ROSE ☒ DELETE
NAME	NO LONGER
STREET ADDRESS	NO LONGER
CITY-ST-ZIP	NO LONGER
TITLE	S ☐ DELETE
NAME	SPRING, ANNIE
STREET ADDRESS	6461 S.W. 59TH PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	TD ☐ DELETE
NAME	MONTGOMERY, WILLIAM
STREET ADDRESS	14560 PIERCE STREET
CITY-ST-ZIP	MIAMI FL
TITLE	TD ☒ DELETE
NAME	ANDERSON, RUBYSTINE
STREET ADDRESS	6461 S.W. 59TH PLACE
CITY-ST-ZIP	S. MIAMI FL
TITLE	TD ☒ DELETE
NAME	WOODARD, BESSIE
STREET ADDRESS	6330 S.W. 58TH AVE.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	William J. Green
1.3 STREET ADDRESS	6461 SW 59th Place
1.4 CITY-ST-ZIP	S. MIAMI FL
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V ROSA LEE MCGRIFF
2.3 STREET ADDRESS	6461 SW 59 PL
2.4 CITY-ST-ZIP	S MIAMI, FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	Some
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	Some
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	TR Florence BROWN
5.3 STREET ADDRESS	6461 SW 59th Place
5.4 CITY-ST-ZIP	S. Miami, FL
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	TR Lee PERRY
6.3 STREET ADDRESS	6461 SW 59th Place
6.4 CITY-ST-ZIP	S. Miami FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96
Date

305-665-1191
Daytime Phone #