## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B.,Mortham

**FILED** 

Feb 11 1997 8:00am

Secretary of State

Change

■ Addition

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

**FLORENCE BROWN** 

S. MIAMI FL

LEE PERRY

S. MIAMI FL

**6481 SW 59TH PLACE** 

**6461 SW 59TH PLACE** 

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**/**E\

1. Corporation	on Name	. ( <del>3</del> )			
ST. JC	OHN A.M.E. CHURCH, INC.			 	
Principal Plac	e of Business	Mailing Address			
SARBEN WILLIAM S. 8461 S.W. 59TH PLACE SOUTH MIAMI FL 33143 US		REV: WILLIAM GREEN: JR. — 6461 S.W. 59TH PLACE SOUTH MIAMI FL 33143-3507 US		3. Date Incorporated or Qualified 3a. 12/14/1982	Date of Last Report <b>06/18/1996</b>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 C/o Rev William J. Green		26		65-0316864	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangi	
24	25	29 30	<u> </u>	Florida Statutes Yes	
9. Name and Address of Current Registered Agent  81 Name				10. Name and Address of New Registered Agent	
6461 S.W. 59TH PLACE SQUTH MIAMI FL 33143			83   84   City	F	85 Zip Code
		and 617.1508, Florida Statutes, if Florida, Such change was auth ions & Section 617.0503, Florid	the above-named cor- norized by the corpora la Statutes.	rporation submits this statement for the purposation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
I SIGNATURE Y			egistered Agent signature requ	uired when reinstating) DAT	17/97
12.	OFFICERS IND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILLIAM J. GREEN		1.2 NAME		}
STREET ADDRESS	6461 SW 59TH PLACE		1 3 STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSA LEE MCGRIFF		2.2 NAME		
STREET ADDRESS	6461 SW 59 PL		2 3 STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE	8	☐ DELETE	3.1 TITLE		Change Addition
NAME	SPRING, ANNIE		3.2 NAME		
STREET ADDRESS	6461 S.W. 59TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE	&	Change Addition
NAME	MONTGOMERY, WILLIAM		4. 2 NAME		•
STREET ADDRESS	14560 PIERCE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	Driete	4.4 CITY - ST - ZIP		1 1249
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition

6.4 CITY-ST-ZIP 14. I do 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 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP