## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90018 049 \*\*\*\*70.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 766132**

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

Mailing Address Principal Place of Business REV. WILLIAM GREEN. C/O REV WILLIAM J GREEN 6461 S.W. 59TH PLACE 6461 S.W. 59TH PLACE SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 12/14/1982 26 21 Suite, Apt, #, etc. 4. FEI Number Applied For Suite, Apt. #, etc. 65-0316864 Not Applicable 27 22 \$8.75 Additional City & State City & State 5. Certificate of Status Desired M Fee Required 28 23 \$5.00 May Be Zip Country Country 6. Election Campaign Financing Zip Trust Fund Contribution Added to Fees 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REV WILLIAM J. GREEN Street Address (P.O. Box Number is Not Acceptable) 6461 S.W. 59TH PLACE 83 **SOUTH MIAMI FL 33143** Zip Code 85 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition Change DELETE 1,1 TITLE TILE 1.2 NAME NAME WILLIAM J. GREEN 6461 SW 59TH PLACE STREET ADDRESS 1.3 STREET ADDRESS S. MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE ROSA LEE MCGRIFF 2.2 NAME NAME 6461 SW 59 PL. 2.3 STREET ADDRESS STREET ADDRESS S. MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETÉ 3.1 TITLE TITLE 3.2 NAME NAME SPRING: ANNIE 6461 S.W. 59TH PLACE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE FLORENCE BROWN 4. 2 NAME NAME 6461 SW 59TH PLACE 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST ZIP S. MIAMI FL ☐ Addition Chance DELETE 5.1 TITLE mile TR 5.2 NAME LEE PERRY NAME 5.3 STREET ADDRESS 6461 SW 59TH PLACE

14. 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6 2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

S. MIAMI FL

☐ DELETE

☐ Change

☐ Addition

CR2E037