

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000695 (5)

1. Corporation Name

THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business

Mailing Address

60 W. 10TH ST.
APOPKA FL 32703

60 W. 10TH ST.
APOPKA FL 32703

3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **500 ST MARY ST**

26 **P.O. Box 744**

4. FEI Number

59-3299471

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Osteen, FL**

28 **Osteen, FL**

6. Election Campaign Financing

☐

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

Zip

Country

Zip

Country

24 **32764**

25 **USA**

29 **32764**

30 **USA**

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

**CUMMINGS, FRANK C BISHOP
112 W. ADAM ST., #1814
JACKSONVILLE FL 32203**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P ROZIER, ELLEN D**
STREET ADDRESS **60 W. 10TH ST.**
CITY-ST-ZIP **APOPKA FL 32703**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S MOTT, S I**
STREET ADDRESS **10 E. 8TH ST.**
CITY-ST-ZIP **APOPKA FL 32703**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **T PAYNE, GLORIA M**
STREET ADDRESS **537 MAINLINE BLVD.**
CITY-ST-ZIP **APOPKA FL 32712**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DC CUMMINGS, F C BISHOP**
STREET ADDRESS **112 W. ADAM ST., #1814**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **DC HOUSTON, O H REV**
STREET ADDRESS **800 KOTTLE CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH FL 32014**

51 TITLE **D MAINER, John A REV** ☐ Change ☒ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D KENNON, LEROY REV**
STREET ADDRESS **8029 CLOVERGLEN CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32861**

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

Rev. Ellen D. Rozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

(407) 886-1657
Daytime Phone #

CR2E037 (12/95)