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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000695 (5)**

1. Corporation Name

THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business

Mailing Address

**500 ST MARY ST
OSTEEN FL 32764
US**

**PO BOX 744
OSTEEN FL 32764-0744
US**

3. Date Incorporated or Qualified
02/10/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3299471

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

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
ROZIER, ELLEN D
60 W. 10TH ST.
APOPKA FL 32703**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
MOTT, S I
10 E. 8TH ST.
APOPKA FL 32703**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
PAYNE, GLORIA M
537 MAINLINE BLVD.
APOPKA FL 32712**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DC
CUMMINGS, F C BISHOP
112 W. ADAM ST., #1814
JACKSONVILLE FL 32202**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MAINER, JOHN A REV
6177 RHYTHM CIRCLE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KENNON, LEROY REV
8029 CLOVERGLEN CIRCLE
ORLANDO FL 32861**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

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

4/4/97
Date

407-886-1657
Daytime Phone # 0014441

CR2E037 (9/96)