

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

61-25
FILED
Jun 19 1998 8:00am
Secretary of State

NON-PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT #
1. Corporation Name

F95000000695

THE AFRICAN METHODIST EPISCOPAL CHURCH, INC

Principal Place of Business

Mailing Address

St. Mary A.M.E. Church
500 St. Mary Street
Osteen, FL 32764

P. O. Box 744
Osteen, FL 32764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

Applied For
Not Applicable

59-3299471

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 owes or has paid the current year intangible
Personal Property Tax due June 30

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bishop Frank Curtis Cummings
112 West Adam Street, Suite 1814
Jacksonville, FL 32202

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 607.0601 and 607.0602, 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 duly authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the provisions of Section 607.0603, Florida Statutes.

SIGNATURE Bishop Frank C. Cummings

(PRINT - Sign if not Agent or Supervisor or authorized officer)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C Bishop F. Cummings
NAME 112 West Adams St. Suite 1814
STREET ADDRESS Jacksonville, FL 32202
CITY-STATE-ZIP

TITLE D Rev. Leroy Kennons
NAME 8029 Cloverglenn Circle
STREET ADDRESS Orlando, FL 32861
CITY-STATE-ZIP

TITLE D Rev. John A. Mainer
NAME 6177 Rhythm Circle
STREET ADDRESS Orlando, FL 32808
CITY-STATE-ZIP

TITLE P Rev. Ellen D. Rozier
NAME 60 West 10th Street
STREET ADDRESS Apopka, FL 32703
CITY-STATE-ZIP

TITLE S Rev. S. I. Mott
NAME 10 East 8th Street
STREET ADDRESS Apopka, FL 32703
CITY-STATE-ZIP

TITLE T Cato L. Mott
NAME 3612 Peaceful Pl
STREET ADDRESS Orlando, FL 32810
CITY-STATE-ZIP

11 TITLE
12 NAME D. Rev. J. O. Williams
13 STREET ADDRESS 220 N. Tubb St.
14 CITY-STATE-ZIP Oakland, FL 34760
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP
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14. I hereby certify that the information provided in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an
officer or director of the corporation and have been duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13 as required and in accordance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: Rev. Ellen D. Rozier
Rev. Ellen D. Rozier 5/21/98 407-889-9738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)