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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000695

1. Corporation Name

THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Principal Place of Business

500 ST MARY STREET
ST. MARY A.M.E. CHURCH
OSTEEN FL 32764
US

Mailing Address

PO BOX 744
OSTEEN FL 32764
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/10/1995

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

9. Name and Address of Current Registered Agent

CUMMINGS, FRANK C BISHOP
112 W. ADAM ST., #1814
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME WILLIAMS, J.O. REV
STREET ADDRESS 220 N TUBB ST.
CITY-ST-ZIP OAKLAND FL 34760

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME MAINER, JOHN A REV
STREET ADDRESS 6177 RHYTHM CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

NAME ROZIER, ELLEN D REV
STREET ADDRESS 60 WEST 10TH STREET
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME MOTT, CATO L.
STREET ADDRESS 3612 PEACEFUL PL
CITY-ST-ZIP ORLANDO FL 32810

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99 (407) 886-1657

CR2E037 (1/98)