

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000000695**

1. Entity Name

THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90092 024 ****61.25

0023713

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3299471

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ADAMS, JOHN H.

Street Address (P.O. Box Number is Not Acceptable)

101 E. Union StreetSuite 301City Jacksonville,

FL

Zip Code

32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Adams, John H., Bishop

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-2001**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLIAMS, J.O. REV
STREET ADDRESS 220 N TUBB ST.
CITY-ST-ZIP OAKLAND FL 34760TITLE D ☐ Delete
NAME KENNONS, LEROY REV
STREET ADDRESS 8029 CLOVERGLEN CIRCLE
CITY-ST-ZIP ORLANDO FL 32861TITLE P ☐ Delete
NAME MAINER, JOHN A REV
STREET ADDRESS 6177 RHYTHM CIRCLE
CITY-ST-ZIP ORLANDO FL 32808TITLE P ☐ Delete
NAME ROZIER, ELLEN D REV
STREET ADDRESS 60 WEST 10TH STREET
CITY-ST-ZIP APOPKA FL 32703TITLE S ☐ Delete
NAME MOTT, S.I. REV
STREET ADDRESS 10 EAST 8TH STREET
CITY-ST-ZIP APOPKA FL 32703TITLE T ☐ Delete
NAME MOTT, CATO L.
STREET ADDRESS 3612 PEACEFUL PL
CITY-ST-ZIP ORLANDO FL 32810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)