

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90042 040 ****61.25

DOCUMENT # F95000000695

1. Entity 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

J4057401



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3299471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JOHN H
101 E UNION STREET
SUITE 301
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ 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:

Rev. Cato L. Mott Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04

Date

407-827-6948

Daytime Phone #