

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90241 014 ****61.25

DOCUMENT # F95000000695

1. Entity Name **ELEVENTH EPISCOPAL DISTRICT OF
THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.**



Principal Place of Business

Mailing Address

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

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

7. Name and Address of New Registered Agent

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

Name Young, McKinley
Street Address (P.O. Box Number is Not Acceptable)
101 East Union Street
Suite 301
City Jacksonville FL 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. 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's signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	D	WILLIAMS, J.O. REV	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		9142 Royal Gate Drive	
CITY-ST-ZIP		OAKLAND FL 94700	
		Windermere, FL 34786	
TITLE	D	KENNONS, LEROY REV	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4881 Cypresswood Dr	
CITY-ST-ZIP		8029 CLOVERGLEN CIRCLE #312	
		ORLANDO FL 32861	
		Orlando, FL 32811	
TITLE	P	MAINER, JOHN A REV	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		6177 RHYTHM CIRCLE	
CITY-ST-ZIP		ORLANDO FL 32808	
TITLE	R	ROZIER, ELLEN D REV	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		60 WEST 10TH STREET	
CITY-ST-ZIP		APOPKA FL 32703	
TITLE	S	MOTT, S.I. REV	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		10 EAST 8TH STREET	
CITY-ST-ZIP		APOPKA FL 32703	
TITLE	T	MOTT, CATO L.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3612 PEACEFUL PL	
CITY-ST-ZIP		ORLANDO FL 32816	
		32816	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Young, McKinley Bishop	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		101 East Union Street Suite 301	
CITY-ST-ZIP		Jacksonville, FL 32202	
TITLE	D	DeSue, Thomas B.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		101 East Union Street Suite 301	
CITY-ST-ZIP		Jacksonville, FL 32202	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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

Thomas B. DeSue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. DeSue

04/20/05 (904) 355-8262

Date

Daytime Phone #