

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

0072570

**DOCUMENT # F95000000695**

1. Entity Name

**THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.**



05-27-2003 90159 011 \*\*\*\*\*61.25

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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: **REGISTRAR**

**5/21/03 407-886-1657**

CR2E037 (10/02)