

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001971

1. Entity Name

TRINITY AFRICAN METHODIST EPISCOPAL CHURCH INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90197 001 ****61.25

0027150

Principal Place of Business

2652 RAVENALL AVE
ORLANDO FL 32811

Mailing Address

2652 RAVENALL AVE
ORLANDO FL 32811

A0038700

2. Principal Place of Business

5115 Anso Street
Suite, Apt. #, etc.

3. Mailing Address

2652 Ravenall Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando Florida

4. FEI Number

59-3630729

Applied For

Not Applicable

Zip

32819

Country

Orange

Zip

32811

Country

Orange

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

6. Name and Address of Current Registered Agent

DEMPA, OLLIE L
2652 RAVENALL AVE
ORLANDO FL 32811

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MONROE H	
STREET ADDRESS	1232 ORVID HILL AVE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAPPER, R.O.	
STREET ADDRESS	550 NO 58TH ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, W.H.C.	
STREET ADDRESS	400 TEA ST	
CITY-ST-ZIP	NW WASHINGTON DC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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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: Rein Ollie L Dempa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2001

Date

(407) 841-8945

Daytime Phone #

CR2E037 (10/00)