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FILED
Aug 07, 2002 8:00 am
Secretary of State
05-27-2002 90306 031 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001971

1. Entity Name
TRINITY AFRICAN METHODIST EPISCOPAL CHURCH INC.

40906

[redacted]

Principal Place of Business	Mailing Address
5115 ANZIO STREET ORLANDO FL 32819	2652 RAVENALL AVE ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5115 Anzio St.	2652 Ravenall Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl.	City & State: Orlando, Fl.
Zip: 32819 Country: Orange	Zip: 32811 Country: Orange

4. FEI Number: 59-3630729 ☐ 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
DEMPS, OLLIE L 2652 RAVENALL AVE ORLANDO FL 32811	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: Rev. Ollie L. Demps 3/6/2002
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, MONROE H 1232 ORVID HILL AVE BALTIMORE MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Thomas Demps 2652 Ravenall Ave Orlando, Fl. 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAPPER, R.O. 550 NO 58TH ST PHILADELPHIA PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lillie Redd 4442 Brooke St. Orlando, Fl. 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, W.H.C. 400 TEA ST NW WASHINGTON DC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Thelma Wilkerson 623 Wy. 20th St Orlando Fl, 32805	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Manuel Gries 4554 Evens Pl. Orlando Fl 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ada Zellous 4448 King Cole Blvd Orlando, FL. 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Shirley Jackson 44 Harbe Ave Orlando FL. 32805	☐ Change ☒ Addition

CR2E037 (9/01)

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 REQUIRED Ada Zellous 8/1/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #