

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001971

FILED
Jan 07, 2007
Secretary of State

Entity Name: TRINITY AFRICAN METHODIST EPISCOPAL CHURCH INC.

Current Principal Place of Business:

445 S. PARRAMORE AVE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

2652 RAVENALL AVE
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3630729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMPS, OLLIE L
2652 RAVENALL AVE
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, MONROE H
Address: 1232 ORVID HILL AVE
City-St-Zip: BALTIMORE, MD

Title: D () Delete
Name: NAPPER, R.O.
Address: 550 NO 58TH ST
City-St-Zip: PHILADELPHIA, PA

Title: D () Delete
Name: BROWN, W.H.C.
Address: 400 TEA ST
City-St-Zip: NW WASHINGTON, DC

Title: T () Delete
Name: DEMPS, THOMAS
Address: 2652 RAVENELL AVE
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: REDD, LILLIE
Address: 4442 BROOKE ST.
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: WILKERSON, THELMA
Address: 6617 HENDRICH DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JACKSON, SHIRLEY
Address: 44 HALBE AVE
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLLIE L. DEMPS

PAST

01/07/2007

Electronic Signature of Signing Officer or Director

Date