

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90026 036 \*\*\*\*61.25

**DOCUMENT # N00000001971**

1. Entity Name

**TRINITY AFRICAN METHODIST EPISCOPAL CHURCH INC.**



Principal Place of Business

**5115 ANZIO STREET  
ORLANDO FL 32819**

Mailing Address

**2652 RAVENALL AVE  
ORLANDO FL 32811**

**11040000**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3630729**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEMPA, 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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **DAVIS, MONROE H**  
STREET ADDRESS **1232 ORVID HILL AVE**  
CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NAPPER, R.O.**  
STREET ADDRESS **550 NO 58TH ST**  
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BROWN, W.H.C.**  
STREET ADDRESS **400 TEA ST**  
CITY-ST-ZIP **NW WASHINGTON DC**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **DEMPS, THOMAS**  
STREET ADDRESS **2652 RAVENALL AVE**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **REDD, LILLIE**  
STREET ADDRESS **4442 BROOKE ST.**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WILKERSON, THELMA**  
STREET ADDRESS **623 W. 20TH ST**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ 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 Dempa*

4/26/03

(407) 841-8945

CR2E037 (10/02)