2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N02000003704

Entity Name: FLORIDA CONFERENCE ALLEN OUTREACH CENTER-AFRICAN METHODIST EPISCOPAL CHURCH; INC.

Current Principal Place of Business:

1422 DISSTON ST
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

PO BOX 2514
TALLAHASSEE, FL 323162514

New Mailing Address:

FEI Number: 53-0204696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAILOR, LOUVENIA E
135 DREW ELLIS LN
QUINCY, FL 32352 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: ADAMS, JOHN H BISHOP
Address: 11857 HONEY LOCUST DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: GREEN, JOHN F REV.
Address: 130 COTILLION CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: WILSON, RALPH L REV.
Address: STE 4 BOX 1590
City-St-Zip: MADISON, FL 32340

Title: S ( ) Delete
Name: JENKINS, MARRIE
Address: 1825 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32312

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUVENIA ELLIS SAILOR MRS. 04/29/2005

Electronic Signature of Signing Officer or Director Date