

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

**FILED**  
**Jun 10, 2003 8:00 am**  
**Secretary of State**

06-10-2003 90035 010 \*\*\*\*61.25

**DOCUMENT # N02000003704**

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

Principal Place of Business: **1422 DISSON ST TALLAHASSEE FL 32316**  
Mailing Address: **PO BOX 2514 TALLAHASSEE FL 32316-2514**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **53-02-04696** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**SAILOR, LOUVENIA E  
135 DREW ELLIS LN  
QUINCY FL 32352**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Louvenia E. Sailor* DATE: *6/8/03*



CHECK HERE IF MAKING CHANGES

**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	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, JOHN H BISHOP</b>		NAME		
STREET ADDRESS	<b>11857 HONEY LOCUST DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, JOHN F REV.</b>		NAME		
STREET ADDRESS	<b>130 COTILLION CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, RALPH L REV.</b>		NAME		
STREET ADDRESS	<b>STE 4 BOX 1590</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MADISON FL 32340</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, MARRIE</b>		NAME		
STREET ADDRESS	<b>1825 WOODGATE WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Louvenia E. Sailor* DATE: *6/8/03*

CR2E037 (10/02)