


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90656 011 \*\*\*\*70.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N03000003512</b>   |  |   |   |    |  |
| <b>1. Entity Name</b><br>ADAMS CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF OCOEE, INC.  |  |   |   |   |  |
| <b>Principal Place of Business</b><br>615 ROBERTS RISE DRIVE<br>OCOEE, FL 34761  |  |   | <b>Mailing Address</b><br>615 ROBERTS RISE DRIVE<br>OCOEE, FL 34761   |   |  |
| <b>2. Principal Place of Business</b><br>SAME  |  | <b>3. Mailing Address</b><br>SAME   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | <b>4. FEI Number</b><br>38-3687538  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ADAMS, JOHN H BISHOP<br>101 EAST UNION STREET<br>SUITE 300<br>JACKSONVILLE, FL 32202   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>   |  |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>PD</b><br>DIEHL, RUTH<br>615 ROBERTS RISE DRIVE<br>OCOEE, FL 34761        | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>VD</b><br>HARDY, MONICA<br>2160 VERANDA CIRCLE<br>ORLANDO, FL 32808       | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>SD</b><br>DIEHL, MILTON F JR<br>615 ROBERTS RISE DRIVE<br>OCOEE, FL 34761 | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | Diehl, Milton F. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4520 OAKCREEK ST #102<br>ORLANDO, 32805 FL |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>D</b><br>JORDAN, BELINDA<br>1057 S KIRKMAN RD #236<br>ORLANDO, FL 32811   | <input type="checkbox"/> Delete<br>NEW NAME LAST NAME<br>SAME PERSON                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | Belinda BORGANESE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8106 BRIGHTMEADOW DR<br>ORLANDO, FL 32818     |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Ruth Diehl</i>  |  |   | 429.04 407-852-1818   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |   |   |  |

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