

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N03107

1. Entity Name
**GREGG CHAPEL AFRICAN METHODIST EPISCOPAL
CHURCH, INC.**



Principal Place of Business
**34 CARSON DR
FORT WALTON BEACH, FL 32548 US**

Mailing Address
**P.O. BOX 1779
FORT WALTON BEACH, FL 32549 US**



04172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1285483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GANTT SR., LAWRENCE
34 CARSON DR
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SMITH, NATHANIEL JR
949 POCAHONTAS DR
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MORGAN, ROBERT L
18 MARINER LANE
MARY ESTHER, FL 32569**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLORENCE, JOHNNY
206 COMBS MANOR
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STRICKLAND, ARNETTA
318 SIMS STREET
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000533145
05/06/06-80114-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-598-0589
0420-06