

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90056 017 \*\*\*\*70.00

<b>DOCUMENT # N03107</b> 1. Entity Name <b>GREGG CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH, INC.</b>					
Principal Place of Business <b>34 CARSON DR FORT WALTON BEACH, FL 32548 US</b>			Mailing Address <b>P.O. BOX 1779 FORT WALTON BEACH, FL 32549 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>59-1285483</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04022008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>GANTT SR., LAWRENCE 34 CARSON DR FORT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name <b>Williams, Cecil B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3 Meadows Circle</b> City <b>Fort Walton Beach FL</b> Zip Code <b>32548</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.					
SIGNATURE <u>Cecil B. Williams, Pastor</u> <u>Cecil Williams</u> <b>8 Apr 08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SMITH, NATHANIEL JR 949 POCAHONTAS DR FORT WALTON BEACH, FL 32548</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Morgan, Robert L. 440 Belle Chasse CT Pensacola, FL 32506</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MORGAN, ROBERT L 440 BELLE CHASSE CT MARY ESTHER, FL 32569</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Frederick, Carrie 33 Marilyn Avenue Fort Walton Beach, FL 32548</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FLORENCE, JOHNNY 206 COMBS MANOR FORT WALTON BEACH, FL 32548</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gunn, O. D. 723 James Lee Road Fort Walton Beach, FL 32547</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>STRICKLAND, ARNETTA 318 SIMS STREET FORT WALTON BEACH, FL 32548</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Hobbs, DeAllen 9381 Bone Bluff Drive Navarre, FL 32566</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jacobs, Kenneth Sr. 19 11th Street Shalimar, FL 32579</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Reaves, Curtis 20 Windham Avenue Fort Walton Beach, FL 32548</b>		
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: <u>Annie G. McCelvy</u> <b>Annie G. McCelvy</b> <b>4/8/08</b> <b>850-243-5925</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40065939

## ATTACHMENT

#N03107

**GREGG CHAPEL AME CHURCH, FORT WALTON BEACH, FL  
BOARD OF DIRECTORS CONTINUED**

TITLE	D	<u>X</u> Addition
NAME	SCOTT, ARON SR	
STREET ADDRESS	317 BRIARWOOD CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<u>X</u> Addition
NAME	WILLIAMS, TERRY	
STREET ADDRESS	2112 CALLE DE CASTELAR	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<u>X</u> Addition
NAME	ANNIE L. BANKSTON	
STREET ADDRESS	56 MALLARD AVENUE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<u>X</u> Addition
NAME	BROWN, MATTIE	
STREET ADDRESS	31 W AUDREY DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<u>X</u> Addition
NAME	GASTONE, TERRENCE	
STREET ADDRESS	44 REED PLACE NW	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<u>X</u> Addition
NAME	HOGANS, ESTELLE J.	
STREET ADDRESS	109 MEMORIAL PARKWAY	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<u>X</u> Addition
NAME	JOHNSON, MICHAEL	
STREET ADDRESS	852 ASHLAND COURT	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	S/D	<u>X</u> Addition
NAME	MCCELVY, ANNIE G.	
STREET ADDRESS	610 MANOR COURT NW	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D	<u>X</u> Addition
NAME	MORELAND, JEFFREY SR.	
STREET ADDRESS	344 HOLMES BOULEVARD	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<u>X</u> Addition
NAME	MORGAN, DELORES	
STREET ADDRESS	440 BELLE CHASSE COURT	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<u>X</u> Addition
NAME	ROBBINS, JAMES	
STREET ADDRESS	30 COMET STREET	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<u>X</u> Addition
NAME	SMITH, JANNIE V	
STREET ADDRESS	949 POCAHONTAS DR	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D	<u>X</u> Addition
NAME	SMITH, THEODORE	
STREET ADDRESS	93 LAKE LORRAINE CIRCLE	
CITY-ST-ZIP	SHALIMAR, FL 32579	