

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010117

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** IVEY CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

2895 SW TERRELL ST.  
NOCATEE, FL 34268

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 337  
NOCATEE, FL 34268

**New Mailing Address:**

**FEI Number:** 65-0218292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, ELLA  
1546 MARTIN LUTHER KING JR. AVE.  
WAUCHULA, FL 338739369 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: PC  
Name: EDWARDS, ELLA  
Address: 1546 MARTIN LUTHER KING JR. AVE.  
City-St-Zip: WAUCHULA, FL 338739369

Title: VC  
Name: DANIELS, FAYE  
Address: P. O. BOX 2325  
City-St-Zip: ARCADIA, FL 34265

Title: S  
Name: CLIFTON, RENA  
Address: 210 SINGLETON AVE.  
City-St-Zip: ARCADIA, FL 34266

Title: T  
Name: REMBERT, LOTTIE  
Address: P. O. BOX 592  
City-St-Zip: NOCATEE, FL 34268

I hereby 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 all other like empowered.

SIGNATURE: RENA P. CLIFTON

SECR

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date