


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000002015</b>	
1. Entity Name THE FLORIDA ANNUAL CONFERENCE OF THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.	

Principal Place of Business 101 E UNION ST STE 301 JACKSONVILLE, FL 32202	Mailing Address 101 E UNION ST STE 301 JACKSONVILLE, FL 32202
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

YOUNG, MCKINLEY  
 101 E UNION ST STE 301  
 JACKSONVILLE, FL 32202

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000726874  
 05/04/07-80026-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YOUNG, MCKINLEY 101 E UNION ST STE 301 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, RALPH 2333 LITTLE CAT ROAD MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKLEY, GEORGE 775 QUAIL ROOST DRIVE QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINHEAD, JUDITH E 511 WOODLAND DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, OSCAR C 115 DUSTY HOUSE ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, J. LEANDER 101 E UNION ST STE 301 JACKSONVILLE, FL 32202

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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:  DATE: 4/18/07 DAYTIME PHONE # \_\_\_\_\_