

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

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

DOCUMENT # N05000008503

1. Entity Name
**THE EAST ANNUAL CONFERENCE OF THE AFRICAN
METHODIST EPISCOPAL CHURCH, INC.**



Principal Place of Business
**101 E UNION STREET SUITE 301
JACKSONVILLE, FL 32202**

Mailing Address
**101 E UNION STREET SUITE 301
JACKSONVILLE, FL 32202**



04182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, MCKINLEY
101 E UNION STREET SUITE 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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000726887
05/04/07-80026-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
YOUNG, MCKINLEY
101 E UNION STREET SUITE 301
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SANCHEZ, JOSEPH
2986 SHOREWOOD AVE
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MITCHELL, ROBERT
2787 PERCY RD
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, JAMES
5533 GILCHRIST ROAD
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 #