

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

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

**DOCUMENT # N05000008504**

1. Entity Name  
**THE WEST COAST 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**

**U00000726868  
05/04/07-80026-002 61.25**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DENMARK, JEROME  
5464 MICCO DR  
ORLANDO, FL 32839**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ANDREWS, THEODORE  
PO BOX 291462  
TAMPA, FL 33687**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LEMON, F BERNARD  
PO BOX 880307  
PT ST LUCIE, FL 34988**

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

**4/18/07**

Date

Daytime Phone #