

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008504

FILED
Sep 24, 2010
Secretary of State

Entity Name: THE WEST COAST ANNUAL CONFERENCE OF THE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

101 E UNION STREET SUITE 301
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

101 E UNION STREET SUITE 301
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3299471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, MCKINLEY
101 E UNION STREET SUITE 301
JACKSONVILLE, FL 32202 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: P
Name: YOUNG, MCKINLEY
Address: 101 E UNION STREET SUITE 301
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: DENMARK, JEROME
Address: 5464 MICCO DR
City-St-Zip: ORLANDO, FL 32839

Title: D
Name: GREEN, HENRY
Address: 2386 SW 102ND AVE.
City-St-Zip: MIRAMAR, FL 33025

Title: D
Name: LEMON, F BERNARD
Address: PO BOX 880307
City-St-Zip: PT ST LUCIE, FL 34988

Title: D
Name: THOMAS, DOUGLAS M
Address: 223 C STREET
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: HONORS, JAMES
Address: 2191 MALACHITE DRIVE
City-St-Zip: LAKELAND, FL 33810

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: MCKINLEY YOUNG

P

09/24/2010

Electronic Signature of Signing Officer or Director

Date