

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011770

FILED
Apr 25, 2009
Secretary of State

Entity Name: ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

1694 SW GRAND STREET
GREENVILLE, FL 32331

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 231
GREENVILLE, FL 32331

New Mailing Address:

FEI Number: 45-0562399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, MCKINLEY
101 EAST UNION STREET
SUITE 300
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: CD () Delete
Name: WASHINGTON, ERNEST O SR.
Address: 3401 SW SR 14
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: NORRIS, CLARREATHER
Address: P.O. BOX 187
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: DAY, LUCILE
Address: P.O. BOX 55
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: WILSON, DOROTHY
Address: P.O. BOX 231
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: GRIFFIN, DOROTHY
Address: P.O. BOX 453
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: HOWARD, DEBORAH
Address: P.O. BOX 351
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY WILSON

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date