

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07439

FILED
Jun 20, 2006
Secretary of State

Entity Name: WAYMAN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

8855 SANCHEZ RD
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

8855 SANCHEZ RD
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3021698 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRIFFIN, MARK L.
12511 MISSION HILLS DRIVE SOUTH
JACKSONVILLE, FL 32225 US

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: DPC () Delete
Name: GRIFFIN, MARK L.
Address: 12511 MISSION HILLS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: BURNEY, CALVIN SR.
Address: 5626 INTERNATIONAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: SD () Delete
Name: SWANSON, JOHN
Address: 366 SOUTH HAMPTON CLUB WAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK L. GRIFFIN

DPC

06/20/2006

Electronic Signature of Signing Officer or Director

Date