

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07872** (7)

1. Corporation Name

CENTRAL METROPOLITAN CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

**4611 PEARL STREET
JACKSONVILLE FL 32206**

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JACKSONVILLE FL 32206**



3. Date Incorporated or Qualified

02/27/1985

3a. Date of Last Report

10/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2670553

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HONEYSUCKER, JOHN W SR.
1138 TURTLE CREEK DR.
JACKSONVILLE FL 32218**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and block applicant

(NOTE: Registered Agent signature required for re-filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **JONES, HARLAN K**
STREET ADDRESS **1138 TURTLE CREEK DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **CS** ☐ DELETE

NAME **NICHOLS, LEON**
STREET ADDRESS **6903 CARTIER CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **CTR** ☐ DELETE

NAME **FRIALL, KEVIN**
STREET ADDRESS **5532 VERNON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **TR** ☐ DELETE

NAME **WRIGHT, LATRICE**
STREET ADDRESS **3132 ROSSELLE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **S** ☐ DELETE

NAME **MOTIN, CHUBBY**
STREET ADDRESS **12502 CANE CREEK COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **TR** ☐ DELETE

NAME **HOWARD, HILLIE**
STREET ADDRESS **2230 COLLEGE CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harlan K. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E037 (12/95)