

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 2 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**

**4611 PEARL STREET
JACKSONVILLE FL 32206-6367**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1985		3a. Date of Last Report 03/18/1996	
21		26		4. FEI Number 59-2670553		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

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	Harlan K. Jones	
82	Street Address (P.O. Box Number is Not Acceptable)	1138 Turtle Creek DR	
83		Jacksonville, FL 32218	
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 Harlan K. Jones DATE 5-28-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HARLAN K	1.2 NAME	
STREET ADDRESS	1138 TURTLE CREEK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, LEON	2.2 NAME	
STREET ADDRESS	6903 CARTIER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	
TITLE	CTR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIALL, KEVIN	3.2 NAME	
STREET ADDRESS	5532 VERNON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LATRICE	4.2 NAME	
STREET ADDRESS	3182 ROSSELLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTIN, CHUBBY	5.2 NAME	
STREET ADDRESS	12502 CANE CREEK COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	5.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, HILLIE	6.2 NAME	
STREET ADDRESS	2230 COLLEGE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	6.4 CITY-ST-ZIP	
		5.5 TITLE	Steward
		5.6 NAME	Stanton, Douglas
		5.7 STREET ADDRESS	7710 Arble Drive
		5.8 CITY-ST-ZIP	Jacksonville, FL 32211

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)