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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N07872

1. Corporation Name

CENTRAL METROPOLITAN CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

410868 - 90033 - 47

Principal Place of Business

4611 PEARL STREET
 JACKSONVILLE FL 32206

Mailing Address

4611 PEARL STREET
 JACKSONVILLE FL 32206



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/27/1985

4. FEI Number

59-2670553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

JONES, HARLAN K.
 1138 TURTLE CREEK DR.
 JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 STANTON, DOUGLAS
 7710 ARBLE DR.
 JACKSONVILLE FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

**Steward Board Chairman
 George Washington III
 5954 Fort Caroline Rd #2602
 Jacksonville, FL 32277**

**Recording Steward
 Deborah Dickenson
 3014 Caroline Crest Dr. E
 Jacksonville, FL 32225**

**Tr
 Chelsey Washington
 3999 Fort Caroline Rd #2602
 Jacksonville, FL 32277**

**Tr
 Allen Moore
 8611 Graybar Drive
 Jacksonville, FL 32221**

**CTR
 Hillie Howard
 2230 College Circle
 Jacksonville, FL 32209**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-18-99

(904) 554-7426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)