

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009459

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ALLEN CHAPEL AFRICAN METHODIST EPISCOPEL CHURCH OF WILLISTON, FLORIDA, INC.

**Current Principal Place of Business:**

48 NE 9TH STREET  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 152  
WILLISTON, FL 32696

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEABROOK, AVIS D  
48 NE 9TH STREET  
WILLISTON, FL 32696 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: D  
Name: MITCHELL, BILL D  
Address: PO BOX 152  
City-St-Zip: WILLISTON, FL 32696 US

Title: D  
Name: COLSON, YVONNE D  
Address: PO BOX 152  
City-St-Zip: WILLISTON, FL 32696 US

Title: D  
Name: SEABROOK, AVIS D  
Address: PO BOX 152  
City-St-Zip: WILLISTON, FL 32696 US

I hereby 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 all other like empowered.

SIGNATURE: AVIS Y. SEABROOK

SECY

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date