

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N12591**

1. Entity Name

PRINCE CHAPEL A.M.E. CHURCH, INC.

Principal Place of Business

Mailing Address

**612 S. 11TH STREET
FERNANDINA BEACH FL 32034****3701 HENDRICKS ROAD
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6278031

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBERT, CHARLES L JR
612 S. 11TH STREET
FERNANDINA BEACH FL 32034**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, MOSE REV	
STREET ADDRESS	12259 FRINKLIN BROOK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32255	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCE, ALBERT	
STREET ADDRESS	402 CEDAR STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	GRANT, MARION G	
STREET ADDRESS	42 L.S. MORRISON DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERT, CHARLES L JR	
STREET ADDRESS	612 S. 11TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	ALBERT, ERNIE T	
STREET ADDRESS	612 S. 11TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Mose Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 / 1-904-277-2645

Date Daytime Phone #

**FILED
Mar 06, 2002 8:00 am
Secretary of State**

03-06-2002 90044 043 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)