NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 15604

1. Entity Name
Allen Chapel African Methodist Episcopal
Church of Plant City, Florida



FILED Jun 15, 2004 8:00 am Secretary of State

06-15-2004 90001 030 ****70.00

Church of Plant City, Florida							
	DO NOT WRITE		PACE		5	4057421	
Principal Place of Business 1109 E. Laura Street Suite, Apt. #, etc.		3. Mailing Address P. O. Box 1559 Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS	SPACE	
City & State	e City, FL	City & State Plant City, FL		4. FEI Number	1/2	Applied For X Not Applicable	
Zip	Country	Zip	Country	59-25162	<u></u>	\$8.75 Additional	
33563	USA	33564-1559	USA	5. Certificate of S	Status Desired 🔀	Fee Required	
7. Name and Address of Current R							
		Name Rever	Name Reverend Arnold A. Porter, Pastor				
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE			2201 Johnson Loop				
1.0			City Plant	City	FI	Zip Code 33563	
8. The above	named entity submits this statement for	the purpose of changing its r			n the state of Florida. I am		
the obligati	ions of registered agent.	^	٠,				
-0,6	\sim \wedge	dho -			,		
SIGNATURE :	Signature, typed or printed name of registered agent a	HOTO	: Registered Agent signature requ		56/05/	04	
	FEE IS \$61.25	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		k Payable to rtment of State	
10.	OFFICERS AND DIR	ECTORS				~a	
TITLE NAME	Rev. Arnold A. Por	TITLE NAME			CRZE037B (12/02		
STREET ADDRESS	2201 Johnson Loop		STREET ADDRESS			B (1	
CITY-ST-ZIP	Plant City, FL 33563		CITY-ST-ZIP			037	
TITLE	Church Clerk	TILE			82E		
NAME Street Address	Catherine Jones	NAME STREET ADDRESS			טֿ		
CITY-ST-ZIP	614 N. Palm Drive Plant City, FL 33563		CHY-ST-ZIP				
TITLE	Steward Protem		THILE			andreas are plantered to the first of the second of the se	
NAME .	Eddie Mae Williams	NAME					
STREET ADDRESS	ADDRESS 2503 Sam Hicks Road Plant City, FL 33567		STREET ADDRESS	CITY: ST-ZP DO NOT WRITE			
CITY-ST-ZIP			the markets continue their relations				
TITLE NAME	1203 S. Waller Street		TITLE	IN:	THIS SPA	CE	
STREET ADDRESS			STREET ADDRESS			-	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	Steward	TITLE					
NAMÉ	Bernard Hilery		NAME				
STREET ADDRESS CITY-ST-ZIP	I TOO E. ATADAMA DILEEL		STREET ADDRESS CITY-ST-ZIP				
TITLE	Plant City, FL33563 Trustee		WILE				
NAME	Judy Sinclair	NAME					
STREET ADDRESS	711 W. Magnolia St	STREET ADDRESS					
CITY-ST-ZIP	I akaland FI. 33815	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 frue 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SMATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/05/14

321-231-0527