


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90058 031 \*\*\*\*61.25

<b>DOCUMENT # N15604</b> 1. Entity Name <b>ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH, INCORPORATED OF PLANT CITY, FLORIDA</b>			
Principal Place of Business 1109 EAST LAUREL STREET PLANT CITY FL 33563		Mailing Address 1109 EAST LAURA STREET PLANT CITY FL 33563	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2516243		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Destroyed <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIZER, RONALD D 2201 JOHNSON LOOP PLANT CITY FL 33566		7. Name and Address of New Registered Agent Name: <i>Rev. Mandella P. Smith</i> Street Address (P.O. Box Number is Not Acceptable): <i>1418 Plantation Circle</i> Apt. # <i>1013</i> City: <i>Plant City</i> FL Zip Code: <i>33566</i>	
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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: <i>Rev. Mandella P. Smith, Pastor</i> DATE: <i>5-30-07</i>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: BARNES, GWEN STREET ADDRESS: 1109 E LAURA ST CITY-ST-ZIP: PLANT CITY FL 33563 <i>Steward</i>	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Diggs, Obie STREET ADDRESS: 1803 South Waller St CITY-ST-ZIP: Plant City, FL 33563 <i>Steward</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: JONES, CATHERINE STREET ADDRESS: 803 JENKINS STREET CITY-ST-ZIP: PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Smith, Duwayne STREET ADDRESS: 8904 Winding Trail Dr. CITY-ST-ZIP: Valrico, FL 33594 <i>Steward</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DIXON, STANLEY STREET ADDRESS: 718 S. MORGAN STREET CITY-ST-ZIP: PLANT CITY FL 33566 <i>Trustee</i>	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Jones, Freddie STREET ADDRESS: 688 Powerham Row CITY-ST-ZIP: Lakeland, FL 33809 <i>Trustee</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Williams, Ann STREET ADDRESS: 3708 Orange Point Rd CITY-ST-ZIP: Valrico, FL 33594 <i>Steward</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Erma Weldon STREET ADDRESS: 944 Hick's Road CITY-ST-ZIP: Lakeland, FL 33813 <i>Trustee</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Thelma Jones STREET ADDRESS: 8005 E. Willow Drive CITY-ST-ZIP: Plant City, FL 33566 <i>Steward</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 116, 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: <i>Rev. Mandella P. Smith</i> DATE: <i>5-30-07</i>			

*Please reinstate Allen Chapel's  
 In incorporated status.*