

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36026**

1. Entity Name  
**ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL  
CHURCH OF PENSACOLA, FLORIDA, INC.**



Principal Place of Business  
**500 NORTH GUILLEMARD ST.  
PENSACOLA, FL 32501**

Mailing Address  
**PO BOX 17787  
PENSACOLA, FL 32522**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**52-1373509**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WEATHERSPOON, EDWARD  
6231 AUDUBON DR  
PENSACOLA, FL 32504**

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IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAYLOR, CARLTON L REV 10378 MCARTHUR LN PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JENKINS, BERNARD SR 7140 MOORE AVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, CARRIE 708 BAKER ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEATHERSPOON, EDWARD 6231 AUDUBON DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM JENKINS, ELMER 1003 EAST HAYES STREET PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Edward Weatherspoon* **Edward Weatherspoon** 1-10-07 (850) 478-1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #