


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90013 001 ***122.50

DOCUMENT # N36026 1. Entity Name ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF PENSACOLA, FLORIDA, INC.	
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Principal Place of Business 500 NORTH GUILLEMARD ST. PENSACOLA, FL 32501	Mailing Address PO BOX 17787 PENSACOLA, FL 32522
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-1373509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEATHERSPOON, EDWARD 6231 AUDUBON DR PENSACOLA, FL 32504	<p style="text-align: center; font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	TAYLOR, CARLTON L REV
STREET ADDRESS	10378 MCARTHUR LN
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	VCD
NAME	JENKINS, BERNARD SR
STREET ADDRESS	7140 MOORE AVE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	DS
NAME	BROWN, CARRIE
STREET ADDRESS	708 BAKER ST
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	DT
NAME	WEATHERSPOON, EDWARD
STREET ADDRESS	6231 AUDUBON DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	DM
NAME	JENKINS, ELMER
STREET ADDRESS	1003 EAST HAYES STREET
CITY-ST-ZIP	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: <i>Edward Weather Spoon</i> EDWARD WEATHERSPOON 1-18-08 (850) 478-1912	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		