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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000301 (3)

1. Corporation Name

ST. MARY A.M.E. CHURCH AND CEMETERY, INCORPORATE
D

Principal Place of Business

Mailing Address

P.O. BOX 27
SEFFNER FL 33584
USP.O. BOX 27
SEFFNER FL 33583-0027
US3. Date Incorporated or Qualified
11/12/19923a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, SHAUNDRA
901 PARK STREET
SEFFNER FL 33584

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

WALTER L. TURNER

Walter L. Turner

4/27/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME TURNER, WALTER L
STREET ADDRESS 2207 N. GRADY AVENUE
CITY-ST-ZIP TAMPA FL 336071.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BROWN, LINDA
STREET ADDRESS 901 PARK STREET
CITY-ST-ZIP SEFFNER FL 335842.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BEVEL, DOROTHY
STREET ADDRESS 604 HILLPINE WAY
CITY-ST-ZIP BRANDON FL 335103.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CREEKMUR, ESTELLE
STREET ADDRESS 2803 LINDEN TREE STREET
CITY-ST-ZIP SEFFNER FL 335844.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DIRECTOR ☐ DELETE
NAME JACKSON, GLORIA
STREET ADDRESS 2114 SHADY POINT LANE
CITY-ST-ZIP BRANDON, FL 335105.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DIRECTOR ☐ DELETE
NAME PARKER, JAMES
STREET ADDRESS 901 PARK ST.
CITY-ST-ZIP SEFFNER, FL 335846.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter L. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 813-877-1062

Date

Daytime Phone # 0046565

CR2E037 (9/96)