

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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
US

P.O. BOX 27
SEFFNER FL 33584
US

3. Date Incorporated or Qualified

11/12/1992

4. FEI Number

59-3151638

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TURNER, WALTER L
STREET ADDRESS 2207 N. GRADY AVENUE
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE

NAME BROWN, LINDA
STREET ADDRESS 901 PARK STREET
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ DELETE

NAME BEVEL, DOROTHY
STREET ADDRESS 604 HILLPINE WAY
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ DELETE

NAME CREEKMUR, ESTELLE
STREET ADDRESS 2803 LINDEN TREE STREET
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ DELETE

NAME JACKSON, GLORIA
STREET ADDRESS 2114 SHADY POINT LN
CITY-ST-ZIP BRANDON FL

TITLE D ☐ DELETE

NAME PARMER, JAMES
STREET ADDRESS 901 PARK ST
CITY-ST-ZIP SEFFNER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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* NATURE REQUIRED

1/20/98

(813)877-1062

CR2E037 (10/97)