## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State

1998

DOCUMENT #

N9200000301 (3)

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

Jan 29 1998 8:00am DIVISION OF CORPORATIONS Secretary of State

**FILED** 

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 Not Applied For 59-3151638 Not Applicable  2. Principal Place of Business  2a. Mailing Address 5. Certificate of Status Desired  \$8.75 Additional									
SEFFRIER FL 3384 US  2. Principal Place of Business 2. Subs. Apt. 4, etc.	Principal Place of Business Mailing Address						1146 <b>60120</b> 17117 <b>66</b> 5	IB1 6101 1021	
SEPFRER FL 33584   SEPFRER FL	P.O. BOX 27					3. Date Incorporated or Qualified			
4. FEI Number   Sp-3151638   Not Applicable   Sp-3151638   Not Applicable   Sp-3151638   Not Applicable   Sp-3151638   Not Applicable   Sp-3151638   Sp-315163		3584				1			
Principal Place of Business   2a. Mailing Address   59-315 1638	US		us				Apr	lied For	
Suite, Apt. #, etc.						59-3151638	1		
Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address					5 Certificate of Status Desired	\$8.75 A	dditional	
City & State   City									
City & State 23] City & State 23] City & State 24 City & State 25 City & State 26 City & State 27 Country 28 Country 28 Country 29 Country 27 Country 27 Country 27 Country 28 Country 29 Country 27 Country 27 Country 27 Country 27 Country 28 Country 29 Country 27 Country 27 Country 29 Country 27 Country 29 C	<del></del>	<del> </del>	, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·				
23    24    25									
Zip	<b>-</b> — '	e	<del></del>						
29				Country					
BROWN, SHAUNDRA 901 PARK STREET SEFFNER FL 33584  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 agent, or both, in the State of Florida. Such change was sulfroftzed by the corporation's board of directors. I hereby accept the appointment as registered agent, and supplant with, and sprace, the supplant and the purpose of changing its registered agent. I management, and supplant with, and sprace, the supplant and the supplant with an applant with a	<b>⊢</b>	— — ·			,				
BROWN, SHAUNDRA 901 PARK STREET SEFFNER FL 33584  ### City FL ### Address (P.O. Box Number is Not Acceptable)  ### City FL ### Address (P.O. Box Number is Not Acceptable)  ### Address	24								
BROWN, SHAUNDRA 901 PARK STREET SEFFNER FL 33584  83  84  64  61by  FL  85  85  86  87  64  61by  FL  85  85  86  87  86  86  87  87  87  88  87  87		5. Name and Address of Curren	t neglatered Agent	81	Name	10, tallic and nations of first inglistered	rgont		
SEFFNER FL 33584  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 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, 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, or many accept the pulpose of changing its registered agent, or many accept the pulpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or many accept the pulpose of changing its 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, 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, 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, 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 degent, or both in the State of City of Plants and the Addition of Florida State o	DECUM	OLIAN INDEA							
SEFFNER FL 33584		•		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
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, 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, 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, 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, or both, in the State of Park				83					
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 officie 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 signal, and accept the polipations of, Section 617.0508, Florida Statutes.  SIGNATURE  JULY JULY JULY JULY JULY JULY JULY JULY	SEFFINE	n FL 33304					"Ja-1" <del></del>		
SIGNATURE   Signature, typed or purised registered agonat and title if applicable. (NOTE Registered Agonat departure required when reinstatifies)   DATE					- 7			1	
SIGNATURE   Signature typed for purised registered agonat and title if applicable. (NOTE Registered Agonat signature required when reinstating)   DATE	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								
SIGNATURE   Signature, typed or purised registered agonat and title if applicable. (NOTE Registered Agonat departure required when reinstatifies)   DATE	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
12	SIGNATURE WALLEN .								
TITLE					ent signature requir		DIDECTOR	10.10	
TURNER, WALTER L   12 NAME   STREET ADDRESS   2207 N. GRADY AVENUE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   TAMPA FL 33807   1.4 CITY-ST-ZIP   TITLE   Change   Addition   Add	j-					ADDITIONS/CHANGES TO OFFICERS AND		_	
STREET ADDRESS   CITY-ST-ZIP   TAMPA FL 33607	1	-					C Change		
TAMPA FL 33607				1					
TITLE				1					
NAME					T-ZIP		Chance	Addition	
STREET ADDRESS   901 PARK STREET   2.3 STREET ADDRESS   SEFFNER FL 33584   2.4 CITY-ST-ZIP							Onange		
CITY-ST-ZIP   SEFFNER FL 33584   2.4 CITY-ST-ZIP		•							
DELETE					l l				
NAME   BEVEL, DOROTHY							Change	Addition	
STREET ADDRESS   GO4 HILLPINE WAY   3.3 STREET ADDRESS   GUTY-ST-ZIP				**			L Change	Addition	
STREET ADDRESS   STRE		,							
TITLE D DELETE 4.1 TOTLE  NAME CREEKMUR, ESTELLE  STREET ADDRESS  CITY-ST-ZIP SEFFNER FL 33584  TITLE D D DELETE  Addition  NAME JACKSON, GLORIA  STREET ADDRESS  CITY-ST-ZIP BRANDON FL  TITLE D D DELETE  S.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE D D DELETE  S.3 STREET ADDRESS  CITY-ST-ZIP  TITLE D D DELETE  S.4 CITY-ST-ZIP  TITLE D D DELETE  S.1 TITLE  D Change Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE D CHANGE  STREET ADDRESS  GITY-ST-ZIP  SEFFNER FL  S.3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SEFFNER FL  SEFFNER FL  SEFFNER FL  SEFFNER FL		TRANSPONDE CONTRACT							
NAME   CREEKMUR, ESTELLE					SI-ZIP		Change	Addition	
STREET ADDRESS   2803 LINDEN TREE STREET   4.3 STREET ADDRESS   5.5 FFNER FL 33584   4.4 CITY-ST-ZIP		_		1			\$1,00 Hg		
CITY-ST-ZIP		-			ADDDECC				
DELETE   D	1	<del></del>							
NAME			DELETE	-	1-417		Change	Addition	
STREET ADDRESS   2114 SHADY POINT LN	]	_					onange		
CITY-ST-ZIP	1 :	- · · · •			ADDDECC			ļ	
TITLE D DELETE 6.1 TITLE Change Addition  NAME PARMER, JAMES  STREET ADDRESS  G1TY-ST-ZIP SEFFNER FL 64 CITY-ST-ZIP									
NAME         PARMER, JAMES         62 NAME           STREET ADDRESS         901 PARK ST         6.3 STREET ADDRESS           CITY-ST-ZIP         SEFFNER FL         6.4 CITY-ST-ZIP					1-41		Chance	Addition	
STREET ADDRESS 901 PARK ST 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	1 1								
CITY-ST-ZIP SEFFNER FL 6.4 CITY-ST-ZIP		-			ADDRESS				
GITY-SI-ZIP JEFFFIRE FL  4. Library coefficient for supplied with this filling chase not qualify for the assembling stated in Section 110 07/2VD Elevids Statutes I further coefficient for the information.	1			li .					
THE PROPERTY LEGICLE AND THE REPORT AND THE PROPERTY WHITE THE PROPERTY IN THE EXCHANGE AND THE SECOND PROPERTY OF THE PROPERT	14. I hereby o	SEFFINEN FE	th this filing does not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes, I further ce	rtify that the in	nformation	

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 on or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

1/20198

(813/877-1062