

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003924 (8)

1. Corporation Name

SHILOH AFRICAN METHODIST EPISCOPAL CHURCH INCORPORATED



Principal Place of Business

Mailing Address

2519 HARRY T. MOORE AVE.
MIMS FL 32754

P.O. BOX 711
MIMS FL 32754

3. Date Incorporated or Qualified
08/30/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUMMINGS, FRANK C
101 EAST UNION ST
JACKSONVILLE FL 36220**

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

Frank C. Cummings

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD YOUNG, DENNIS**
STREET ADDRESS **1413 WATROUS DR**
CITY - ST - ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
NAME **TD JAMERSON, ERNESTINE**
STREET ADDRESS **2326 S HARRY T MOORE AVE**
CITY - ST - ZIP **MIAMIS FL**

TITLE ☐ DELETE
NAME **S JACKSON, PEARLIE**
STREET ADDRESS **1770 WINDOWER OAKS CIR**
CITY - ST - ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
NAME **D COLLIER, MASO**
STREET ADDRESS **2731 E MAIN ST**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D ADDISON, WILLIE**
STREET ADDRESS **2609 N HARRY T MOORE AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Dennis W. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (407)-268-8636

Date

Daytime Phone #

CR2E037 (12/95)