

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 # N93000005670 (5)

1. Corporation Name

THE WEST FLORIDA CONFERENCE, INC.



Principal Place of Business

Mailing Address

OFFICE OF BISHOP FRANK C. CUMMINGS
112 W. ADAMS ST., SUITE 1814
JACKSONVILLE FL 32202

OFFICE OF BISHOP FRANK C. CUMMINGS
112 W. ADAMS ST., SUITE 1814
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
12/13/1993

3a. Date of Last Report
08/16/1995

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

53-0204696

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

PARKER, AVA
112 W ADAMS ST
STE 1814
JACKSONVILLE FL 32202

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

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 ~~Director/Chairman~~ ☐ DELETE
NAME CUMMINGS, BISHOP FRANK C
STREET ADDRESS 112 WEST ADAMS ST.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~Director~~ ☐ DELETE
NAME ALLEN, REV. JULIUS
STREET ADDRESS P.O. BOX 94 (N/A)
CITY-ST-ZIP LIVE OAK FL 32080

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~T~~ ☒ DELETE
NAME NICHOLS, REV. C. E
STREET ADDRESS 915 NORTH 6TH AVE.
CITY-ST-ZIP PENSACOLA FL 32501

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME Director Sanchez, Joseph
3.3 STREET ADDRESS 1005 Martin Luther King Ave.
3.4 CITY-ST-ZIP Apt 4C Crestview, FL 32534

TITLE ~~Director~~ ☐ DELETE
NAME BARKLEY, REV. G. T
STREET ADDRESS 1912 HAMILTON COURT
CITY-ST-ZIP QUINCY FL 32351

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~Director~~ ☐ DELETE
NAME MCNEALY, REV. W E
STREET ADDRESS 521 WOODLAND DR.
CITY-ST-ZIP PENSACOLA FL 32444

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 500001813395
5.3 STREET ADDRESS -05/08/96--01044--019
5.4 CITY-ST-ZIP ***61.25

TITLE ~~Director~~ ☐ DELETE
NAME GRIFFIN, REV. CALVIN SR.
STREET ADDRESS 1415 LOUISIANA AVE.
CITY-ST-ZIP LYNN HAVEN FL 32444

6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/96

(904) 355-8262

CR2E037 (12/95)

2/3/196