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1997 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32202-3837

3. Date Incorporated or Qualified
12/13/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 40 East State Street

26 40 East State Street

4. FEI Number
53-0204696

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip 32202

Country

Zip 32202

Country

24

25

29

30

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

Parker, Ava L.

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

603 N. Market Street

83

84 City

Jacksonville

FL

85 Zip Code
32202

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 DC
NAME CUMMINGS, BISHOP FRANK C
STREET ADDRESS 112 WEST ADAMS ST.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE DC
1.2 NAME Cummings, Bishop Frank C
1.3 STREET ADDRESS 40 East State Street
1.4 CITY-ST-ZIP Jacksonville, FL 32202

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

2.1 TITLE D
2.2 NAME Young, Rev. Thelma S.
2.3 STREET ADDRESS P.O. Box 860 (N/A)
2.4 CITY-ST-ZIP Marianna, FL 32446

TITLE D
NAME SANCHEZ, JOSEPH E
STREET ADDRESS 1005 M.L. KING AVE.
CITY-ST-ZIP CRESTVIEW FL 32534

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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 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: Frank C. Cummings REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

904-355-8262
Daytime Phone 6003947

CR2E037 (9/96)