

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N94000000028 (0)**

1. Corporation Name

PLEASANT GROVE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

700001515167
-05/16/95--01035--013
***130.00 ***130.00

Principal Place of Business: 131 GEORGETOWN SHORTCUT ROAD, GEORGETOWN FL 32139
Mailing Address: P.O. BOX 565, GEORGETOWN FL 32139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1994	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent

**GORDAN, CHARLES S REV.
131 GEORGETOWN SHORTCUT ROAD
GEORGETOWN FL 32139**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director, President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Raleigh McMillion	
13 STREET ADDRESS	P.O. Box 565	
14 CITY - ST - ZIP	Georgetown, FL 32139	
21 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Ophelia Walker	
23 STREET ADDRESS	P.O. Box 11 N/A	
24 CITY - ST - ZIP	Georgetown, FL 32139	
31 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Afrida Walker	
33 STREET ADDRESS	P.O. Box 54 N/A	
34 CITY - ST - ZIP	Georgetown, FL 32139	
41 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CAROLYN ANDERSON	
43 STREET ADDRESS	2nd Road	
44 CITY - ST - ZIP	Crescent City, FL 32112	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Afrida Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1995 904-329-0251
Date Filing Fee