

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N9400000028 (0)

1. Corporation Name

PLEASANT GROVE AFRICAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business

Mailing Address

**131 GEORGETOWN SHORTCUT ROAD
GEORGETOWN FL 32139**

**P.O. BOX 565
GEORGETOWN FL 32139**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

3. Date Incorporated or Qualified
01/04/1994

3a. Date of Last Report
06/16/1995

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

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

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 the applicable:

(NOTE: Registered Agent signature required when substituting)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
NAME **RALEIGH, MCMILLION**
STREET ADDRESS **P.O. BOX 565 /NA**
CITY - ST - ZIP **GEORGETOWN FL 32139** "T"

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

TITLE **S** DELETE
NAME **WALKER, OPHELIA**
STREET ADDRESS **P.O. BOX 11/NA**
CITY - ST - ZIP **GEORGETOWN FL 32139** "T"

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

TITLE **S** DELETE
NAME **WALKER, ALFREIDA**
STREET ADDRESS **P.O. BOX 54 /NA**
CITY - ST - ZIP **GEORGETOWN FL 32139** "T"

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

TITLE **D** DELETE
NAME **ANDERSON, CAROYLN**
STREET ADDRESS **GRAND RONDO ST**
CITY - ST - ZIP **CRESCENT CITY FL 32112**

4.1 TITLE Change Addition
4.2 NAME **Meredith Richardson**
4.3 STREET ADDRESS **217 Dogwood Lane**
4.4 CITY - ST - ZIP **Palatka, FL 32177** "T"

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Charles S. Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96
Date

5/1/96
Daytime Phone #

CR2E037 (12/95)