## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #**Corporation Name N9400000028 (0)

PLEASANT GROVE AFRICAN METHODIST EPISCOPAL CHURC

Principal Place of Business Malling Address 131 GEORGETOWN SHORTCUT ROAD P.O. BOX 565 3. Date Incorporated or Qualified **GEORGETOWN FL 32139 GEORGETOWN FL 32139** <u>01/04/1994</u> 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 ☐ Yes 28 Zip Country Zip Country This corporation owes or has pald the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name HALL-MOORE, REV. LILLIE Street Address (P.O. Box Number is Not Acceptable) 131 GEORGETOWN SHORTCUT ROAD R3 **GEORGETOWN FL 32139** City Zip Code 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 Jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Lillie Hall-Moore Registered Agent signature required 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE ■ DELETE 1.1 TITLE ☐ Change Addition RALEIGH, MCMILLION NAME 1.2 NAME P.O. BOX 565 /NA STREET ADDRESS 1.3 STREET ADORESS **GEORGETOWN FL 32139** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME WALKER, OPHELIA 2.2 NAME STREET ADDRESS P.O.BOX 11/NA 2.3 STREET ADORESS **GEORGETOWN FL 32139** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE RICHARDSON, MEREDITH 3.2 NAME NAME 217 DOGWOOD LANE STREET ADDRESS 3.3 STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE

14. I 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 charges, or on an attachment with an address.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-Z#

STREET ADDRESS

Change

Channe

Change

Addition

☐ Addition

**FILED** 

May 06 1998 8:00am

Secretary of State