1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000028

1. Corporation Name

PLEASANT GROVE AFRICAN METHODIST EPISCOPAL CHURC H, INC.

Principal Place of Business
131 GEORGETOWN SHORTCUT ROAD
GEORGETOWN FL 32139

Mailing Address

P.O. BOX 565

GEORGETOWN FL 32139

FILED May 05, 1999 8:00 am § Secretary of State

05-05-1999 90129 014 ****61.25

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2. Principal Place of Business		2a. Mailing Address			,		orporated or Qualife	ed		
21		26				01/04/	1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Numi			Ap	plied For
22		27			1	NOT A	PPLICABLE		No	t Applicable
_	City & State City & State				ĺ	5. Certificate of Status Desired			\$8.75 A	dditional
23	28					J. Certificate	O Status Desired	لــا	Fee Re	periup
Zip	p Country Zip Cou			,	6. Election Campaign Financing \$5.00 May Be					
24	25 29 30				Trust Fund Contribution Added to Fees					
Name and Address of Current Registered Agent					•	10. Name an	d Address of Nev	v Registered	Agent	
	 		81	Name	8					
HALL-MOORE, REV. LILLIE				82 Street Address (P.O. Box Number is Not Acceptable)						
131 GEORGETOWN SHORTCUT ROAD				Stree	H Addres	S (P.O. BOX N	iumber is Not Acce	ptable)		Í
			83	 	•					
GEORGETOWN FL 32139										
			84	City				Fl	85 Zip C	Code
744 5		0 C47 4500 Florido Ctobato	455		4	ation submits	this statement for th		-	registered
office or	t to the provisions of Sections 617.050 registered agent, or both, in the State	z and 617,1506, Florida Statutes of Florida. Such change was aut	ne abov horized by	the con	poration'	's board of dire	ectors. I hereby acc	cept the appo	intment as reg	gistered
agent. I	am familiar with, and accept the obligat	tions of, Section 617.0503, Floric	la Statutes							
SIGNATURE	E						~	- 1/2		
	Signature, typed or printed name of registered ager			nt signature	w beniupen e	men reinstating)	S/CHANGES TO C	DATE	ND DIRECTO	DC IN 12 -
12.	OFFICERS AN	D DIRECTORS	13.		1 1 .				Change	Addition
TITLE	1	☐ DELETE	1.3 TITLE		160	varnso	Walker 1565 Wn, H. 321:	1	☐ Criange	LE Addison
NAME	RALEIGH, MCMILLION		1.2 NAME		\mathbf{F}	2D. 130X	565			1
STREET ADDRESS			1.3 STREE	TADDRESS	s /	anunata	un 1/ 271	29		ĺ
CITY-ST-ZIP	GEORGETOWN FL 32139		1.4 CITY-S	T-ZIP	19	curyen	WII, 71. 221.	<u>ا ر</u>		
TITLE	T	☐ DELETE	2.1 TITLE		'	J			Change	☐ Addition
NAME	WALKER, OPHELIA		2.2 NAME							
STREET ADDRESS	ESS P.O.BOX 11/NA		2.3 STREE	T ADDRESS	s					ŀ
CITY-ST-ZIP	GEORGETOWN FL 32139		2. 4 CITY-	ST-ZIP						
TITLE	JELETE 3		3.1 TITLE			•			Change	Addition
NAME	RICHARDSON, MEREDITH 32				1					
STREET ADDRESS	047 BOOWOOD LANE		3.3 STREE	T ADDRESS	s					
CITY-ST-ZIP	PALATKA FL 32177		3.4. CITY-		-					
TITLE	· · · · · · · · · · · · · · · · · · ·	- DELETE	4.1 TITLE		1			-	☐ Change	Addition
NAME	Lovariso Walker		4. 2 NAME							
STREET ADDRESS	. P.O. Bo× 565		4.3 STREE	TANNOFC						
	Cronnotown 71 32134	1	4.4 CITY-5		"					ļ
CITY-ST-ZIP	GCOGCIONIII, 1 2 78	, □ DELETE	5.1 TITLE	11-4IF	+				☐ Change	☐ Addition
TITLE			5.1 MLE 5.2 NAME							
NAME			5.3 STREE	T ADDDER	ا					ļ
STREET ADDRESS	S	•			"					Ì
C/TY-ST-ZIP		Chelete	5.4 CITY-\$ 6.1 TITLE	1-ZIP					Change	Addition
TITLE		☐ DELETE							Change	☐ Audiaon
NAME			6.2 NAME							
STREET ADDRESS	s		6.3 STREE		s					
ATT / ATT TID	1		64 CITY-S	T. ZIP						

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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.99

Daytime PMone #