

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003977

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: GRANT CHAPEL A.M.E. CHURCH INC.

## Current Principal Place of Business:

1616 S DOUGLAS ST  
LAKE WORTH, FL 33460

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1281  
LAKE WORTH, FL 334601281 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIS, TOMMY  
10313 TRIANON PL.  
WELLINGTON, FL 33449 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ADAMS, ROGERY REV.  
Address: 775 HERITAGE DR.  
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete  
Name: BRAY, ROBERT  
Address: 916 12 COURT SOUTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: T ( ) Delete  
Name: WILLIS, TOMMY  
Address: 10313 TRIANON PL.  
City-St-Zip: WELLINGTON, FL 33467

Title: S ( ) Delete  
Name: WESLEY, CARL  
Address: 597 DOLPHIN DRIVE  
City-St-Zip: DELRAY BEACH, FL

Title: S ( ) Delete  
Name: ODOM, BAZZIE  
Address: 8591 WINNIPESAUKEE WAY  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WHITE, BETTY REV.  
Address: 18810 NW 48 CT  
City-St-Zip: MIAMI, FL 33055

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM WILLIS

T

01/15/2008

Electronic Signature of Signing Officer or Director

Date