

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90007 011 \*\*\*\*61.25

**DOCUMENT # N95000005210**

1. Entity Name

**GREATER NEW HOPE AFRICAN METHODIST EPISCOPAL  
CHURCH, INC. JACKSONVILLE, FLORIDA**



Principal Place of Business

**2708 DAVIS STREET  
JACKSONVILLE FL 32219**

Mailing Address

**2708 DAVIS STREET  
JACKSONVILLE FL 32209**

**34036116**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2824118**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, AVA L  
101 E UNION STREET  
JACKSONVILLE FL 32206**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
NAME **HURST, ADAMS J**  
STREET ADDRESS **101 E UNION ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **WILLIAMS, GERALD E SR**  
STREET ADDRESS **8376 EARL CIR WEST**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **HARRIS, SHIRLEY T**  
STREET ADDRESS **4503 TRENTON DR. SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **JACKSON, ROBERT L JR**  
STREET ADDRESS **12374 V.C. JOHNSON RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **HOLLAND, GERALDINE**  
STREET ADDRESS **6529 THURGOOD CIR E**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **HOLLAND, HARRY**  
STREET ADDRESS **6629 THURGOOD CIR E**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #