

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002024 (5)

1. Corporation Name

BLACK METHODISTS FOR CHURCH RENEWAL, INC.

Principal Place of Business

Mailing Address

P O BOX 4924
HIALEAH FL 33014-0924

P O BOX 4924
HIALEAH FL 33014-0924



3. Date Incorporated or Qualified
04/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0659196

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

JARRETT, GERTRUDE
17037 NW 66TH CT
MIAMI FL 33015-4641

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Gertrude Jarrett, Secretary

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President (P)/Director (D) ☐ Change ☒ Addition
1.2 NAME Elston R. Perry
1.3 STREET ADDRESS 1114 Cleveland Street
1.4 CITY-ST-ZIP Jacksonville, FL 32209

2.1 TITLE Vice President (VP) (D) ☐ Change ☒ Addition
2.2 NAME Geraldine W. McClellan
2.3 STREET ADDRESS 221 N.W. 7th Avenue
2.4 CITY-ST-ZIP Gainesville, FL 32601

3.1 TITLE Secretary (S) (D) ☐ Change ☒ Addition
3.2 NAME Gertrude Jarrett
3.3 STREET ADDRESS 17037 N.W. 66th Court
3.4 CITY-ST-ZIP Miami, FL 33015-4641

4.1 TITLE Treasurer (T) (D) ☐ Change ☒ Addition
4.2 NAME Lawrence Q. Barriner
4.3 STREET ADDRESS 6597 Man-O-Ware Tr.
4.4 CITY-ST-ZIP Tallahassee, FL 32308

5.1 TITLE Director (D) ☐ Change ☐ Addition
5.2 NAME Newton E. Williams
5.3 STREET ADDRESS 9114 Norfolk Blvd.
5.4 CITY-ST-ZIP Jacksonville, FL 32208

6.1 TITLE Director (D) ☐ Change ☐ Addition
6.2 NAME John M. Banks
6.3 STREET ADDRESS 617 N.W. 192nd Avenue
6.4 CITY-ST-ZIP Gainesville, FL 32609

14. I do 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.

SIGNATURE:

Gertrude Jarrett

April 28, 1997 364-9242

(305)

CR2E037 (9/96)