

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002024

1. Corporation Name

BLACK METHODISTS FOR CHURCH RENEWAL, INC.

Principal Place of Business

P O BOX 4924
HIALEAH FL 33014-0924

Mailing Address

P O BOX 4924
HIALEAH FL 33014-0924

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90075 027 ****70.00

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2. Principal Place of Business

21 221 N.W. 7th Avenue

Suite, Apt. #, etc.

22

City & State

23 Gainesville, FL

Zip

24 32641

Country

25 USA

2a. Mailing Address

26 221 N.W. 7th Avenue

Suite, Apt. #, etc.

27

City & State

28 Gainesville, FL

Zip

29 32641

Country

30 USA

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0659196

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

A. Faye Thomas

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

9553 W. Highway 318

83

84 City

Reddick

FL

85 Zip Code

32686

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 **A. Faye Thomas**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **PERRY, ELSTON R**
STREET ADDRESS **1114 CLEVELAND ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VPD** ☐ DELETE

NAME **MCCLELLAN, GERALDINE W**
STREET ADDRESS **221 N.W. 7TH AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** ☒ DELETE

NAME **JARRETT, GERTRUDE**
STREET ADDRESS **17037 N.W. 66TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE

NAME **BARRINER, LAWRENCE O**
STREET ADDRESS **6597 MAN-O-WARE TR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **WILLIAMS, NEWTON E**
STREET ADDRESS **9114 NORFOLK BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **BANKS, JOHN M**
STREET ADDRESS **617 N.W. 192ND AVE**
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **A. Faye Thomas**
1.3 STREET ADDRESS **9553 W. Highway 318**
1.4 CITY-ST-ZIP **Reddick, FL 32686**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition

3.2 NAME **Carolyn George**
3.3 STREET ADDRESS **6606 S.W. 59th Street**
3.4 CITY-ST-ZIP **Gainesville, FL 32608**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **Ralph Croskey**
4.3 STREET ADDRESS **P.O. Box 2672**
4.4 CITY-ST-ZIP **Ocala, FL 34478**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: **A. Faye Thomas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0023208