FILED

Oct 07 1998 8:00am

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000180 (6)

EMMANUEL AFRICAN METHODIST EPISCOPAL CHURCH OF P ORT CHARLOTTE, INC.

L				<u> </u>	
Principal Place of Business Mailing Address					(811) Băisa naséf siáds sasti Báis sáns
2036 LOVELAND BOULEVARD 2036 LOVELAND BOULEVARD PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980				Date incorporated or Qualified 01/08/1997 FEI Number	A self-self-self-self-self-self-self-self-
				59-3430019	Applied For Not Applicable
2. Principal P	lace of Business	2a. Malling Address		5. Certificate of Status Desired	\$8.75 Additional
21		26			Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc. 27 27 9 Goo	drich Ave	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stal	te	City & State	()	7. Is this nonprofit corporation a homeov	
Zip	Country	28 SARASOI 1	Country	8. This corporation owes or has paid the	
24	25	29 3 Y J 34 3	¬ '~ '	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current		- CI VI ACI II	10. Name and Address of New Registe	
B1 Name				1-4-1000 416	1NE 100)
DESUE, T	HOMAS		82 Street Address (P.O. Box Number is Not Acceptable)		
40 EAST STATE STREET				49 GOODRICH A	IVE
,	WILLE FL 32202		83	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 L					85 Zip Code
B4 City				rasata.	F L
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.					
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.					
SIGNATURE	CLEVELAND HU	GINE (PAStor)	Till the Comment of the	9/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			Registered Agent signature requ		· <u>:</u>
12.	PD OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	HUGINE, CLEVELAND REV.	L DELETE	1.2 NAME	/	Change Addition
STREET ADDRESS	2749 GOODRICH AVENUE		1.3 STREET ADDRESS		
}	SARASOTA FL 34234		1.4 CITY-ST-ZIP		
CITY-ST-2IP	D		2.1 TITLE		
NAME	HUGINE, JOHN H	L DELETE	2.2 NAME		Change Addition
STREET ADDRESS	1630 29TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	CHESTNUT, WILLIS		3.2 NAME		T August
STREET ADDRESS	1850 32ND STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		3.4 CITY-ST-ZIP		İ
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	CHESTNUT, CLARETHA		42 NAME		
STREET ADDRESS	1850 32ND STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition

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.

5.2 NAME

6.1 TITLE

5.4 CITY-ST-ZIF

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

SIGNATURE

NAME

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

PHILLIPS, LOUISE

1626 8TH STREET

SARASOTA FL 34236

CUMMINGS, FRANK C BISHOP 40 EAST STATE STREET

JACKSONVILLE FL 32202

MONATURE AND TYPED ON PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

DELETE

09/34/98 (941) 351-5157

Change

Addition