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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90278 025 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000000180**

1. Corporation Name

**EMMANUEL AFRICAN METHODIST EPISCOPAL CHURCH OF PORT CHARLOTTE, INC.**

Principal Place of Business

2036 LOVELAND BOULEVARD  
PORT CHARLOTTE FL 33980

Mailing Address

2036 LOVELAND BOULEVARD  
2749 GOODRICH AVE  
SARASOTA FL 34234  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/03/1997

4. FEI Number

59-3430019

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

9. Name and Address of Current Registered Agent

HUGINE, CLEVELAND  
2749 GOODRICH AVE  
SARASOTA FL 34234

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HUGINE, CLEVELAND REV.  
STREET ADDRESS 2749 GOODRICH AVENUE  
CITY-ST-ZIP SARASOTA FL 34234 ☐ DELETE

TITLE D  
NAME HUGINE, JOHN H  
STREET ADDRESS 1630 29TH STREET  
CITY-ST-ZIP SARASOTA FL 34234 ☐ DELETE

TITLE D  
NAME CHESTNUT, WILLIS  
STREET ADDRESS 1850 32ND STREET  
CITY-ST-ZIP SARASOTA FL 34234 ☐ DELETE

TITLE D  
NAME CHESTNUT, CLARETHA  
STREET ADDRESS 1850 32ND STREET  
CITY-ST-ZIP SARASOTA FL 34234 ☐ DELETE

TITLE D  
NAME PHILLIPS, LOUISE  
STREET ADDRESS 1626 8TH STREET  
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

TITLE C  
NAME CUMMINGS, FRANK C BISHOP  
STREET ADDRESS 40 EAST STATE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Rev. CLEVELAND HUGINE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (904) 351-5157  
Date Daytime Phone #

CR2E037 (11/98)