

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000180

1. Entity Name

EMMANUEL AFRICAN METHODIST EPISCOPAL CHURCH OF P

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90025 027 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3430019

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUGINE, CLEVELAND  
2749 GOODRICH AVE  
SARASOTA FL 34234

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.

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**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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

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 #

CR2E037 (5/00)