## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000006916

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

After September 13, 2002,

min. will be \$236.25.

HINTON, D. DENYSE

ORLANDO FL 32817

**BOWERS, CARL** 

OVIEDO FL 32765

SIMMS, KELVIN L

P.O. BOX 621871

OVIEDO FL 32762

HAMILTON, BETTY

P.O. BOX 620804

OVIEDO FL 32762

3307 CAMBAY AVENUE

1191 JACKSON STREET

1. Entity Name

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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INGRAM, CLARENCE 613 DOCTOR'S DRIVE OVIEDO FL 32765

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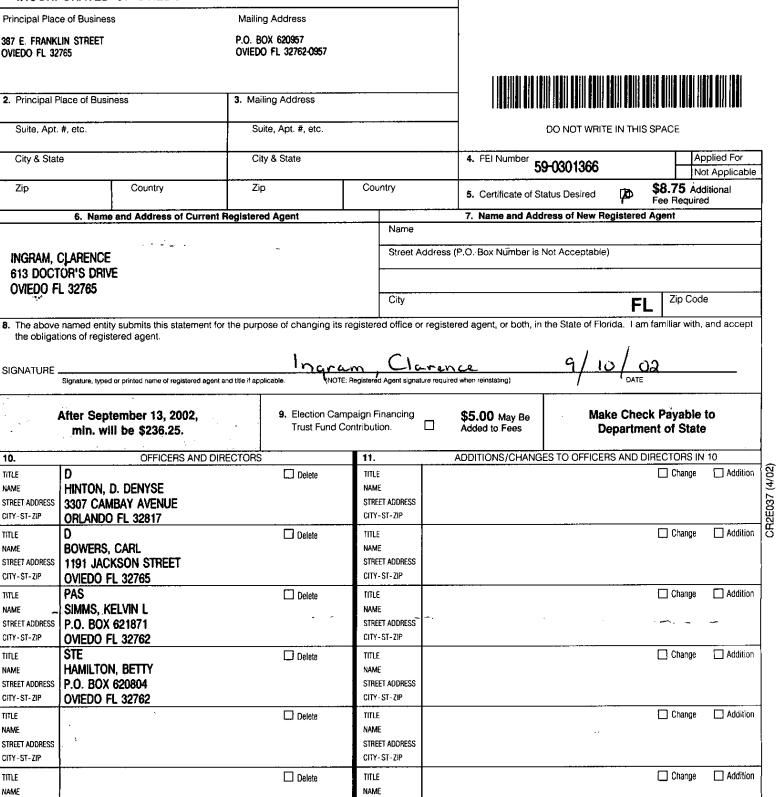
## GRANT CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH, INCORPORATED OF OVIEDO

Principal Place of Business 387 E. FRANKLIN STREET OVIEDO FL 32765	Mailing Address P.O. BOX 620957 OVIEDO FL 32762-0957	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

## **FILED** Sep 12, 2002 8:00 am Secretary of State

09-12-2002 90088 039 \*\*\*\*69.00



STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 apdress, with all other like empowered.

Country

Name

City

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME STREET AODRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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Trust Fund Contribution.

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SIGNATURE: