2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # N9800005435  1. Entity Name  |   |  |  | May 13, 2005 08:00 AM<br>Secretary of State |  |   |
|---|---|--|--|---|--|---|
| PLEASA  | NT CHAPEL AME CHURCH,   | , INC.   |  |   | Secretary or s   | reace   |
| Principal Pla   | ice of Business   | Mailing Address  |  |   |  |   |
| 2615 E. CH<br>TAMPA FL  | HIPCO AVE.<br>33605   | P O BOX 75353<br>TAMPA FL 33675  |  |   |  |   |
| 2 Principal   | Place of Business   | 3. Mailing Address   |  |   |  |   |
| z, rancipal   | Place Of Dusiness   | 5. Maining Address   |  |   |  |   |
| Suite, Apt #, etc.  |   | Suite, Apt. #, etc.  |  | 1st MOORE CR2E037 (10/04)                   |  |   |
| City & Sta  | ite   | City & State   |  | 4. FEI Number                               | NO-T APPLICABLE  | Applied For                                     |
| Zīp   | Country   | Zip  | Country  | 5. Certificate of St                        | tatus Desired  | Not Applicable Additional                       |
| <u></u>   | 6. Name and Address of Curren   | I Registered Agent   |  | 7. Name and Add                             | Fee Rec  | ured  |
|   |   |  | Name   |   |  |   |
| STEWART, FRANK S ESQ.<br>3560 N. 29TH STREET<br>TAMPA FL 33605  |   |  | Street Address   |   | Not Acceptable)  |   |
|   |   |  | - City   | <del></del>                                 |  | <del></del>                                     |
|   |   |  | City   |   | FL \ '   | Code  |
| 8. The above<br>the obliga  | e named entity submits this statement f<br>ations of registered agent   | or the purpose of changing   | its registered office or regis   | tered agent, or both, in                    | the State of Florida, I am familiar v  | ith, and accept                                 |
| SIGNATURE   |   | ****   | ove of   |   |  |   |
|   | Signature, typed or printed name of registered agen   | Land title if applicable (No   | OTE Rugistered Agent signature requi   | red when reinstating)                       | DATE   |   |
|   |   |  |  |   |  |   |
|   | FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005  |  | Campalgn Financing d Contribution,   | \$5.00 May Be<br>Added to Fees              | Make Check Payal<br>Florida Department   |   |
| 10.   | Due By May 1, 2005<br>OFFICERS AND D  | Trust Fund   |  | Added to Fees                               |  | of State  |
| 10.<br>IIILE  | Due By May 1, 2005  OFFICERS AND DI   | Trust Fund   | d Contribution.  | Added to Fees  ADDITIONS/CHANG              | Florida Department of the Florida Department of the ES TO OFFICERS AND DIRECTOR  | of State S IN 10 ge Addition                    |
| 10.<br>TITLE<br>NAME  | Due By May 1, 2005  OFFICERS AND DI  DS  JACKSON, PEGGY R   | Trust Fund   | 11. HILE NAME  | Added to Fees  ADDITIONS/CHANG              | Florida Department of the Florida Department of the ES TO OFFICERS AND DIRECTOR  | of State S IN 10 ge Addition                    |
| 10.<br>IIILE  | Due By May 1, 2005  OFFICERS AND DI  DS  JACKSON, PEGGY R   | Trust Fund   | d Contribution.  | Added to Fees  ADDITIONS/CHANG              | Florida Department   | of State S IN 10 ge Addition                    |
| 10. HILE NAME STREET ADDRESS CITY-SI-ZIP HILE   | Due By May 1, 2005  OFFICERS AND DI DS JACKSON, PEGGY R 4402 TUNA DRIVE TEMPLE TERRACE FL 33617 DVP   | Trust Fund   | 11.  THLE  NAME  STREET ADDRESS  | Added to Fees  ADDITIONS/CHANG              | Florida Department of the Florida Department of the ES TO OFFICERS AND DIRECTOR  | of State S IN 10 ge □ Addition25                |
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| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS   | Due By May 1, 2005  OFFICERS AND DI DS JACKSON, PEGGY R 4402 TUNA DRIVE TEMPLE TERRACE FL 33617  DVP PADGETT, OTIS F P.O. BOX 110602 U/A TAMPA FL 33680  DT GAINEY, WILLIAM 3010 E. PALIFOX STREET TAMPA FL 33610 T FRAZIER, ANTHONY W 1401 SCOTCH DR.  | Trust Fund   | T1.  THE NAME STREET ADDRESS CITY ST ZIP   | Added to Fees  ADDITIONS/CHANG              | Florida Department of the ESTO OFFICERS AND DIRECTOR Chart C | of State  S IN 10  ge                           |
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12. I hereby certify that the information supplied with this filling 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.

ackson SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**