

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000005435**

1. Entity Name  
**PLEASANT CHAPEL AME CHURCH, INC.**



Principal Place of Business

**2615 E. CHIPCO AVE.  
TAMPA, FL 33605**

Mailing Address

**P O BOX 75353  
TAMPA, FL 33675**



03042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, FRANK S ESQ.  
3560 N. 29TH STREET  
TAMPA, FL 33605**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000937730  
05/27/08-80061-020 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
JACKSON, PEGGY R  
4402 TUNA DRIVE  
TEMPLE TERRACE, FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HIRES, ELSIE  
4607 ASH LAND DR  
TAMPA, FL 33610**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
GAINEY, WILLIAM  
3010 E. PALIFOX STREET  
TAMPA, FL 33610**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
FRAZIER, ANTHONY W  
11326 CAMBRAY CREEK LOOP  
RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JOHNSON, JERMAINE  
3709 EAST LAMBRIGHT ST  
TAMPA, FL 33610**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Peggy R. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2008 813 985-9218

Date

Daytime Phone #