

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90015 046 ****61.25

DOCUMENT # N99000003047 1. Entity Name DAWSON CHAPEL CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.					
Principal Place of Business 225 NORTH ORANGE STREET ST. AUGUSTINE, FL 32095			Mailing Address P.O. BOX 2233 ST. AUGUSTINE, FL 32085		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3637747	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AINA JONES, SHIRLEY W 980 WEST 6TH STREET ST. AUGUSTINE, FL 32085				7. Name and Address of New Registered Agent Name WHITMORE, JEFFERY J Street Address (P.O. Box Number is Not Acceptable) 3015 AQUA VISTA LN. APT. 123 City ST. AUGUSTINE FL Zip Code 32084	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u>JEFFERY J. WHITMORE</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> JANUARY 11, 2004 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AINA JONES, SHIRLEY W 980 WEST 6TH STREET ST. AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITMORE, JEFFERY J 3015 AQUA VISTA LN. APT. 123 ST. AUGUSTINE, FL. 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, LENNIS 190 SOUTH NASSAU STREET ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AINA JONES, SHIRLEY W 980 WEST 6TH STREET ST. AUGUSTINE, FL. 32085	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHASE, DIANE 817 WEST SECOND STREET ST. AUGUSTINE, FL 32095	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEMBLETON, LENNETTE 125 MARTIN LUTHER KING AVE. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, HENRY 866 COLLIER BLVD ST. AUGUSTINE, FL 32095	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>				
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: <u>Shirley W. Aina-Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SHIRLEY W AINA-- JONES JANUARY 11, 2004 904-953-8201 <small>Date Daytime Phone #</small>		