



**SEMINOLE COUNTY**  
**PLANNING & DEVELOPMENT DIVISION**  
 1101 EAST FIRST STREET, ROOM 2028  
 SANFORD, FLORIDA 32771  
 TELEPHONE: (407) 665-7371  
 PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ. #: 26-20500005  
 Z#: ~~23-20500026~~  
 LUA #: Z2026-10  
BP26-00001614

**REZONE/FUTURE LAND USE AMENDMENT**

**ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE**

**APPLICATION TYPES/FEEES**

<input type="checkbox"/> <b>LARGE SCALE FUTURE LAND USE AMENDMENT (&gt;10 ACRES)</b>	\$400/ACRE* (\$10,000 MAX. FEE)
<input type="checkbox"/> <b>LARGE SCALE FLU AMENDMENT AND REZONE (&gt;10 ACRES)</b>	\$400/ACRE* (\$10,000 MAX. FEE) + 50% OF REZONE FEE (AS CALCULATED BELOW)
<b>CONCURRENT REVIEW FEE CALCULATION:</b>	
LSFLUA FEE (\$400/ACRE) _____ + 50% OF REZONE FEE _____ = _____	<b>LSFLUA AND REZONE FEE</b>
<input type="checkbox"/> <b>SMALL SCALE FUTURE LAND USE AMENDMENT (≤10 ACRES)</b>	\$3,500
<input type="checkbox"/> <b>SMALL SCALE FLU AMENDMENT AND REZONE (≤10 ACRES)</b>	\$3,500 + 50% OF REZONE FEE (AS CALCULATED BELOW)
<b>CONCURRENT REVIEW FEE CALCULATION:</b>	
SSFLUA FEE \$3,500 + 50% OF REZONE FEE _____ = _____	<b>SSFLUA AND REZONE FEE</b>
<input type="checkbox"/> <b>REZONE (NON-PD)**</b>	\$2,500 + \$75/ACRE* (\$6,500 MAX. FEE)
<input type="checkbox"/> <b>REZONE (PD)**</b>	
<input type="checkbox"/> <b>REZONE AND MASTER DEVELOPMENT PLAN</b>	\$4,000 + \$75/ACRE* (\$10,000 MAX. FEE)
<input type="checkbox"/> <b>FINAL DEVELOPMENT PLAN</b>	\$1,000
<input checked="" type="checkbox"/> <b>FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN</b>	AS CALCULATED BELOW
(INCLUDES 2 RESUBMITTALS. ADDITIONAL RESUBMITTALS ARE SUBJECT TO ADDITIONAL FEES.) (\$8,500 MAX. FEE)	
(TOTAL SF OF NEW IMPERVIOUS SURFACE AREA (ISA) SUBJECT FOR REVIEW/1,000)* X \$25.00 + \$2,500.00 = FEE DUE	
(TOTAL SF OF NEW ISA <u>943 sqft</u> / 1,000 = <u>.943</u> ) * x \$25 + \$2,500 = <b>FEE DUE: \$2,527.58</b>	
<b>EXAMPLE: 40,578 SQ FT OF NEW ISA FOR REVIEW = 40,578/1,000 = 40.58 X \$25 = \$1,014.50 + \$2,500 = \$3,514.50</b>	
*ROUNDED TO 2 DECIMAL POINTS	
<input type="checkbox"/> <b>PD MAJOR AMENDMENT</b>	\$4,000 + \$75/ACRE*^A (\$10,000 MAX. FEE)
<input type="checkbox"/> <b>PD MINOR AMENDMENT</b>	\$1,000
<input type="checkbox"/> <b>DEVELOPMENT OF REGIONAL IMPACT (DRI)</b>	
<input type="checkbox"/> <b>DETERMINATION OF SUBSTANTIAL DEVIATION (OR OTHER CHANGE)</b>	\$3,500.00

4-10-2026  
*Judith A. Smith*

\* ALL PER ACRE FEES ARE ROUNDED UP TO THE NEAREST FULL ACRE  
 \*\* 50% OF REZONE FEE IF REZONE IS CONCURRENT WITH A LAND USE AMENDMENT  
 ^ ACREAGE IS CALCULATED FOR THE AFFECTED AREA ONLY

**PROJECT**

PROJECT NAME: HISTORIC OVIEDO COLORED SCHOOLS MUSEUM, INC	
PARCEL ID #(S): 29-21-31-501-0000-0050	
LOCATION: 2170 JAMES DRIVE OVIEDO, FL 32765	
EXISTING USE(S): CHURCHES	PROPOSED USE(S): MUSEUM TO CHRONICLE THE HISTORY OF COLORED SCHOOLS
TOTAL ACREAGE: .5 0.11	BCC DISTRICT: 1-DALLARI
WATER PROVIDER: SEMINOLE COUNTY	SEWER PROVIDER: SEMINOLE COUNTY
CURRENT ZONING: PD	PROPOSED ZONING: PD
CURRENT FUTURE LAND USE: MDR	PROPOSED FUTURE LAND USE: MDR

**APPLICANT**EPLAN PRIVILEGES: VIEW ONLY  UPLOAD  NONE 

NAME: JUDITH D. SMITH	COMPANY: HISTORIC OVIEDO COLORED SCHOOLS MUSEUM, INC
ADDRESS: P.O. Box 621589	
CITY: OVIEDO	STATE: FLORIDA ZIP: 32762
PHONE: 407-234-3374	EMAIL: [REDACTED]

**CONSULTANT**EPLAN PRIVILEGES: VIEW ONLY  UPLOAD  NONE 

NAME:	COMPANY:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	EMAIL:

**OWNER(S)**

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): ST. JAMES A.M.E CHURCH / % CENTRAL ANNUAL CONFERENCE
ADDRESS: 632 BROOKFIELD PL
CITY: APOPKA STATE: FL ZIP: 32712-604
PHONE: 321-544-8780 EMAIL: [REDACTED]

**CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)**

I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PD Final Development Plan may not defer.

I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past two years as identified below. (Please attach a copy of the Certificate of Vesting or Test Notice.)

TYPE OF CERTIFICATE

CERTIFICATE NUMBER

DATE ISSUED

VESTING: \_\_\_\_\_

TEST NOTICE: \_\_\_\_\_

Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the Development Order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of the application and/or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard), if required, on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed Future Land Use Amendment/Rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application pertaining to proposed amendments to the official Zoning map, official Future Land Use map and/or Comprehensive Plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

  
\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED APPLICANT**  
(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED WITH SUBMITTAL IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

  
\_\_\_\_\_  
**DATE**

①

SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a/an (check one):

- Individual
- Corporation
- Land Trust
- Limited Liability Company
- Partnership
- Other (describe): \_\_\_\_\_

CENTRAL ANNUAL CONFERENCE TRUSTEES OF THE  
A.M.E. CHURCH, INC. (PER SUNBIZ.ORG)

1. List all natural persons who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space)

2. For each corporation, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

3. In the case of a trust, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above:

Trust Name: \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST
ZANDERS, II MARVIN C. BISHOP	TRUSTEE	101 EAST UNION STREET #201 JACKSONVILLE, FL 32202	100%
GRAY, I, TERENCE R. REV.	TRUSTEE	1968 BRITON BLVD ORLANDO, FL 32806	100%
PRESLEY, TYRONE	TRUSTEE	580 GEORGE W. ENGRA BLVD DAYTONA BEACH, FL 32120	100%

(Use additional sheets for more space) SEE SHEET 2

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

2

SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

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- Individual
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NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

3. In the case of a trust, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above:

Trust Name: \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST
POSTELL, II, HENRY L PRESIDING ELDER	TRUSTEE	632 BROOKFIELD PLACE APOPKA, FL 32712	100%
BROOKFIELD MILTON, PRESIDING ELDER	TRUSTEE	881 BARTELL AVE. ROCK LEDGE, FL 32955	100%

(Use additional sheets for more space)

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)



5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: \_\_\_\_\_

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

Date of Contract: \_\_\_\_\_

Specify any contingency clause related to the outcome for consideration of the application: \_\_\_\_\_

- 7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
- 8. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject Rezone, Future Land Use Amendment, Special Exception, or Variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein:

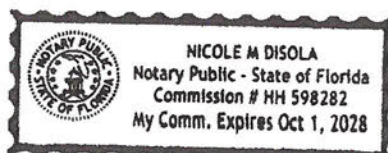
4-20-26  
Date

Milton Broomfield  
Owner, Agent, Applicant Signature

STATE OF FLORIDA  
COUNTY OF SEMINOLE

Broward

Sworn to and subscribed before me by means of  physical presence or  online notarization, this 20th day of April, 2026, by Milton Broomfield, who is  personally known to me, or  has produced FL DL as identification.



Nicole Disola  
Signature of Notary Public

Nicole Disola  
Print, Type or Stamp Name of Notary Public

# OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, AMEC - Central Conference Trustees, the owner of record for the following described property (Tax/Parcel ID Number) 29-21-31-501-0000 - 0050 hereby designates Historic Oviedo Colored School Museum Inc Judith Smith to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering	<input type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	<input checked="" type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

**OTHER:** 2170 James Drive, Oviedo FL 32765 - St James AMEC  
and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

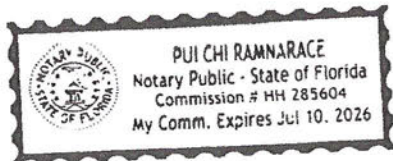
4-8-26  
Date

Milton Broomfield  
Property Owner's Signature

Milton Broomfield  
Property Owner's Printed Name

STATE OF FLORIDA  
COUNTY OF Brevard

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Milton Broomfield (property owner),  
 by means of physical presence or  online notarization; and  who is personally known to me or  who has produced Driver's License as identification, and who executed the foregoing instrument and sworn an oath on this 8th day of April, 2026



Pui Chi Ramnarace  
Notary Public

# Property Record Card



Parcel: **29-21-31-501-0000-0050**  
 Property Address: **2170 JAMES DR OVIEDO, FL 32765**  
 Owners: **ST JAMES A M E CHURCH**  
 2026 Market Value \$84,828 Assessed Value \$81,310 Taxable Value \$81,310  
 2025 Tax Bill \$1,062.35 Tax Savings with Non-Hx Cap \$82.27  
 Churches property w/1st Building size of 1,180 SF and a lot size of 0.11 Acres

## Parcel Location



## Site View



29213150100000050 02/19/2022

## Parcel Information

Parcel	29-21-31-501-0000-0050
Property Address	
Mailing Address	C/O CENTRAL ANNUAL CONF OFFC, OF THE TREASURER 632 BROOKFIELD PL APOPKA, FL 32712-6041
Subdivision	
Tax District	01:County Tax District
DOR Use Code	
Exemptions	None
AG Classification	

## Value Summary

	2026 Working Values	2025 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	1	1
Depreciated Building Value	\$52,908	\$51,757
Depreciated Other Features	\$0	\$0
Land Value (Market)	\$31,920	\$31,920
Land Value Agriculture	\$0	\$0
Just/Market Value	\$84,828	\$83,677
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$3,518	\$9,759
P&G Adjustment	\$0	\$0
Assessed Value	\$81,310	\$73,918

## 2025 Certified Tax Summary

Tax Amount w/o Exemptions	\$1,144.62
Tax Bill Amount	\$1,062.35
Tax Savings with Exemptions	\$82.27

## Owner(s)

Name - Ownership Type  
 ST JAMES A M E CHURCH

Note: Does NOT INCLUDE Non Ad Valorem Assessments

## Legal Description

LOT 5 FACING JAMES DRIVE JAMESTOWN PB 9  
PG 71

## Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$81,310	\$0	\$81,310
Schools	\$84,828	\$0	\$84,828
FIRE	\$81,310	\$0	\$81,310
ROAD DISTRICT	\$81,310	\$0	\$81,310
SJWM(Saint Johns Water Management)	\$81,310	\$0	\$81,310

## Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
WARRANTY DEED	1/1/1974	\$200	01010/1657	Improved	No

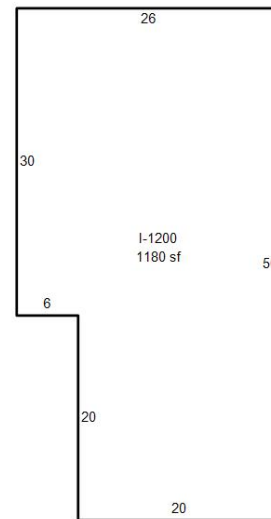
## Land

Units	Rate	Assessed	Market
0.11 Acres	\$200,000/Acre	\$31,920	\$31,920

## Building Information

#	1
Use	WOOD BEAM/COLUMN
Year Built*	1950/1975
Bed	
Bath	
Fixtures	0
Base Area (ft <sup>2</sup> )	1180
Total Area (ft <sup>2</sup> )	
Constuction	WOOD SIDING WITH WOOD OR METAL STUDS
Replacement Cost	\$132,271
Assessed	\$52,908

\* Year Built = Actual / Effective



Building 1

## Permits

Permit #	Description	Value	CO Date	Permit Date
10751	2170 JAMES DR: PLUMBING - COMMERCIAL-Existing sewer line tie in to city line [JAMESTOWN]	\$1,600		7/31/2024

07791	2170 JAMES DR: REROOF COMMERCIAL-Commercial Building [JAMESTOWN]	\$5,000	5/18/2022
03259	MISC ELECTRIC WIRING	\$0	4/1/2000
02259	PLUMBING; PAD PER PERMIT 2170 JAMES DR	\$0	3/1/2000

### Extra Features

Description	Year Built	Units	Cost	Assessed
-------------	------------	-------	------	----------

### Zoning

Zoning	R-1
Description	Single Family-8400
Future Land Use	MDR
Description	Medium Density Residential

### Political Representation

Commissioner	District 1 - Bob Dallari
US Congress	District 7 - Cory Mills
State House	District 37 - Susan Plasencia
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 75

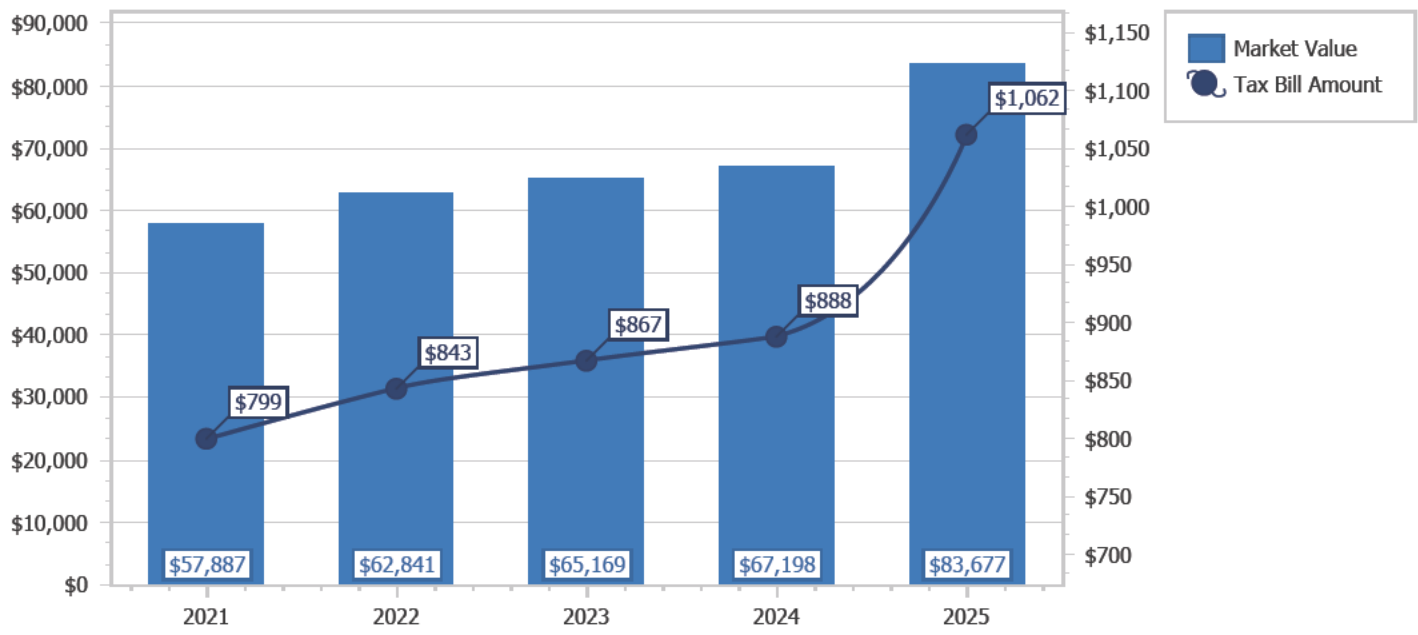
### School Districts

Elementary	Evans
Middle	Tuskawilla
High	Lake Howell

### Utilities

Fire Station #	Station: 29 Zone: 291
Power Company	DUKE
Phone (Analog)	AT&T
Water	Seminole County Utilities
Sewage	Seminole County Utilities
Garbage Pickup	
Recycle	
Yard Waste	
Hauler #	

# Property Value History



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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation

CENTRAL ANNUAL CONFERENCE TRUSTEES OF THE A.M.E. CHURCH, INC.

### Filing Information

<b>Document Number</b>	N14000005379
<b>FEI/EIN Number</b>	47-1071091
<b>Date Filed</b>	06/05/2014
<b>Effective Date</b>	06/01/2014
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	04/11/2017

### Principal Address

1968 BRUTON BOULEVARD  
ORLANDO, FL 32805

### Mailing Address

1968 BRUTON BOULEVARD  
ORLANDO, FL 32805

### Registered Agent Name & Address

Zanders, II, Marvin C., Bishop  
101 EAST UNION STREET  
SUITE 201  
JACKSONVILLE, FL 32202

Name Changed: 09/18/2024

### Officer/Director Detail

#### **Name & Address**

Title C

GRAY, I, TERENCE R, Rev.  
1968 BRUTON BOULEVARD  
ORLANDO, FL 32805

Title VC

PRESLEY, TYRONE  
580 GEORGE W. ENGRAM BLVD.  
DAYTONA BEACH, FL 32120

Title Treasurer

Postell, II, Henry L., Presiding Elder  
632 BROOKFIELD PLACE  
APOPKA, FL 32712

Title EX-O

BROOMFIELD, MILTON, Presiding Elder  
881 BARTEL LANE  
ROCKLEDGE, FL 32955

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2024	01/30/2024
2024	09/18/2024
2025	04/09/2025

**Document Images**

<a href="#">04/09/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/18/2024 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/2024 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2023 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/23/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/26/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2017 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/05/2014 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

**Seminole County Government  
Development Services Department  
Planning and Development Division  
Credit Card Payment Receipt**

If you have questions about your application or payment, please email us [eplandes@seminolecountyfl.gov](mailto:eplandes@seminolecountyfl.gov) or call us at: (407) 665-7371.

**Receipt Details**

**Date:** 4/30/2026 10:58:47 AM  
**Project:** 26-20500005  
**Credit Card Number:** 49\*\*\*\*\*2559  
**Authorization Number:** 163125  
**Transaction Number:** 300426O3A-03DB86F3-AA7C-4291-AABA-88EBAC98599F  
**Total Fees Paid:** 2558.85

**Fees Paid**

<b>Description</b>	<b>Amount</b>
FINAL DEVEL PLAN PD WITH SP 14	2527.58
CC CONVENIENCE FEE -- PZ	31.27
Total Amount	2558.85