

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005446 (8)**
1. Corporation Name

MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION CHURCH, CORPORATION



Principal Place of Business: 2909 N NEBRASKA AVE TAMPA FL 33602
Mailing Address: 2909 N NEBRASKA AVE TAMPA FL 33602

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-2404288
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Same As Above
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: Country: 25
26 Mailing Address: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: Country: 30

9. Name and Address of Current Registered Agent
SWAFFORD, CURTIS A
4902 N MACDILL AVE #1421
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: N/A DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TRUSTEE	<input type="checkbox"/> DELETE
NAME	Hozear GALLMON	
STREET ADDRESS	5024 85th STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TRUSTEE	<input type="checkbox"/> DELETE
NAME	SARAH WYNN	
STREET ADDRESS	2218 19th AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	TRUSTEE	<input type="checkbox"/> DELETE
NAME	RICHARD CARSON	
STREET ADDRESS	806 PALM AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	TRUSTEE	<input type="checkbox"/> DELETE
NAME	DOROTHY MAZION	
STREET ADDRESS	5609 COOKMAN DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TRUSTEE	<input type="checkbox"/> DELETE
NAME	JIMMY R. CALDWELL	
STREET ADDRESS	14501 ANCHORET ROAD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TRUSTEE	<input type="checkbox"/> DELETE
NAME	CAROTHERS BILLINGSLEY, JR	
STREET ADDRESS	310 COUNTRY VINEYARD RD.	
CITY-ST-ZIP	VALRICO FL 33414 33594	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PASTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CURTIS A SWAFFORD	
13 STREET ADDRESS	4902 N. MACDILL AVE #1421	
14 CITY-ST-ZIP	TAMPA FL 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Curtis A Swafford
CURTIS A SWAFFORD
3-12-96
813-229-3573

CR2E037 (12/95)