

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90340 010 ****61.25

DOCUMENT # N95000005446

1. Entity Name

MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION CHU

Principal Place of Business

Mailing Address

2909 N NEBRASKA AVE
 TAMPA FL 33602

2909 N NEBRASKA AVE
 TAMPA FL 33602-1729

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2404288

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAFFORD, CURTIS A
5617 TERN CT
TAMPA FL 33625

Name **(Rev.) George T. Britt**

Street Address (P.O. Box Number Is Not Acceptable)

10210-Marsh Harbor Way, Apt. 5

City **Tampa**

FL **33569**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLMON, HOZEAR	
STREET ADDRESS	5024 85TH ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, PAMELA	
STREET ADDRESS	304 COUNTRY VINE YARD RD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWAFFORD, DOROTHY	
STREET ADDRESS	5617 TERN COURT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRADER, DAVID	
STREET ADDRESS	4701 RANCH GROVE CT.	
CITY-ST-ZIP	TAMPA FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLMON, HAZEAR	
STREET ADDRESS	5024 S. 85TH ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BILLINGSLEY, CAROTHERS JR	
STREET ADDRESS	310 COUNTRY VINEYARD RD	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carson, James R.	
STREET ADDRESS	806- E. Palm Ave	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caldwell, Jimmy R.	
STREET ADDRESS	14501- Anchoret Rd	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Ernest C.	
STREET ADDRESS	1508- Heritage Drive	
CITY-ST-ZIP	Tampa, FL 33594	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sirmons, Alice D.	
STREET ADDRESS	110- So. Westland Ave.	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lockley, Dorothy	
STREET ADDRESS	7511- Pich Pine Circle #D	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNN, Sarah	
STREET ADDRESS	2218- E. 19th Ave.	
CITY-ST-ZIP	Tampa, FL 33605	

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: *Alvin D. Simmons, Secretary* 4-26-2000 (813) 229-3573
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #