

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90149 050 ****61.25

DOCUMENT # N95000005446

1. Entity Name

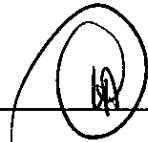
MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION CHU

Principal Place of Business

2909 N NEBRASKA AVE
 TAMPA FL 33602

Mailing Address

2909 N NEBRASKA AVE
 TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2404288

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITT, GEORGE T
10210 MARSH HARBOR WAY APT 5
TAMPA FL 33569

7. Name and Address of New Registered Agent

Name: **(Rev) Willie C. McGee**

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

706 - LINCOLN ST.

City: **KISSIMMEE, FL** Zip Code: **32741**

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

Willie C. McGee

9-10-01

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
After September 12, 2001, min. will be \$236.25

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** Delete
 NAME: **GALLMON, HOZEAR**
 STREET ADDRESS: **5024 85TH ST**
 CITY-ST-ZIP: **TAMPA FL 33619**

TITLE: **C** Change Addition
 NAME: **Williams, Ernest C.**
 STREET ADDRESS: **1508 - Heritage Drive**
 CITY-ST-ZIP: **VALRICO, Florida 33594**

TITLE: **T** Delete
 NAME: **WATKINS, PAMELA**
 STREET ADDRESS: **304 COUNTRY VINE YARD RD**
 CITY-ST-ZIP: **VALRICO FL 33594**

TITLE: **S** Change Addition
 NAME: **Sirmons Alice**
 STREET ADDRESS: **110 - So. Westland Ave**
 CITY-ST-ZIP: **Tampa, FL 33606**

TITLE: **D** Delete
 NAME: **SWAFFORD, DOROTHY**
 STREET ADDRESS: **5617 TERN COURT**
 CITY-ST-ZIP: **TAMPA FL 33625**

TITLE: **D** Change Addition
 NAME: **Carson, James Richard**
 STREET ADDRESS: **806 - E. Palm Ave.**
 CITY-ST-ZIP: **Tampa, FL 33602**

TITLE: **D** Delete
 NAME: **TRADER, DAVID**
 STREET ADDRESS: **4701 RANCH GROVE CT.**
 CITY-ST-ZIP: **TAMPA FL 33594**

TITLE: **D** Change Addition
 NAME: **Allen, Sylvia**
 STREET ADDRESS: **1109 - E. Chilkoat Ave.**
 CITY-ST-ZIP: **Tampa, FL 33612**

TITLE: **D** Delete
 NAME: **GALLMON, HAZEAR**
 STREET ADDRESS: **5024 S. 85TH ST.**
 CITY-ST-ZIP: **TAMPA FL 33619**

TITLE: **D** Change Addition
 NAME: **Carl, Martha**
 STREET ADDRESS: **P.O. Box 360031**
 CITY-ST-ZIP: **Tampa, FL 33673**

TITLE: **C** Delete
 NAME: **BILLINGSLEY, CAROTHERS JR**
 STREET ADDRESS: **310 COUNTRY VINEYARD RD**
 CITY-ST-ZIP: **VALRICO FL 33594**

TITLE: **D** Change Addition
 NAME: **Gary, David**
 STREET ADDRESS: **1901 - 48th St. So.**
 CITY-ST-ZIP: **St. Petersburg, FL 33711**

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: *Clara D. Brumby*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01 (813) 251-4626
 Date Daytime Phone #

CR2E037 (5/01)