

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 012 ****61.25

DOCUMENT # N95000005446

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

MC GEE, WILLIE C REV
706 LINCOLN STREET
KISSIMMEE FL 32741

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	GALLMON, HOZEAR	
CITY-ST-ZIP	5024 85TH ST TAMPA FL 33619	
TITLE NAME	C	<input type="checkbox"/> Delete
STREET ADDRESS	WILLIAMS, ERNEST C	
CITY-ST-ZIP	1508 HERITAGE DRIVE VALRICO FL 33594	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	SIRMONS, ALICE	
CITY-ST-ZIP	110 S WESTLAND AVENUE TAMPA FL 33606	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	CARSON, JAMES RICHARD	
CITY-ST-ZIP	806-E PALM AVENUE TAMPA FL 33602	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	ALLEN, SYLVIA	
CITY-ST-ZIP	1109-E CHILKOOT AVENUE TAMPA FL 33612	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	CAIL, MARTHA	
CITY-ST-ZIP	P O BOX 360031 TAMPA FL 33673	

TITLE NAME	Workman, Priscilla	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 47932	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE NAME	Gary, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1901-48th St. So.	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE NAME	Pastor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	McGee, Willie C,	
CITY-ST-ZIP	706-LINCOLN ST, Kissimmee, FL 32741	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Guendalre Sirmons* Secretary - 9-12-02

CR2E037 (4/02)