

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005446

FILED
Apr 05, 2011
Secretary of State

Entity Name: MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION CHURCH, CORPORATION

Current Principal Place of Business:

2909 N NEBRASKA AVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2909 N NEBRASKA AVE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2404288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WORKMAN, P. F
2909N NEBRASKA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C
Name: WORKMAN, P. F
Address: 8350 SAVANNAH TRACE CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: PIMENTO, EVORA
Address: 3306 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: S
Name: POITIER, FRANK
Address: 3005 EAST ELM
City-St-Zip: TAMPA, FL 33610

Title: T
Name: MOORE, ASHLEY
Address: 1902 N. MITCHELL
City-St-Zip: TAMPA, FL 33602

Title: PCEO
Name: ZAKAY, LILLIAN REV
Address: 2909N NEBRASKA AVE
City-St-Zip: TAMPA, FL 33602

Title: S
Name: BATES, PATRICIA
Address: PO BOX 633
City-St-Zip: SEFFNER, FL 33583

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A BATES

S

04/05/2011

Electronic Signature of Signing Officer or Director

Date