

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739180

FILED
Sep 16, 2009
Secretary of State

Entity Name: ALLEN TEMPLE AFRICAN METHODIST EPISCOPAL CHURCH OF TAMPA FLORIDA, INC.

Current Principal Place of Business:

2101 NORTH LOWE STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2101 NORTH LOWE STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-2654662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEWART, DELANO S ESQUIRE
501 EAST KENNEDY BOULEVARD
SUITE 715
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: PD () Delete
Name: COOK, WILLIE J
Address: 15277 NW 1ST ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: HOWARD, EDWARD
Address: 1514 FOX HILL PLACE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: MOUNT, ZANNIE
Address: 2101 NORTH LOWE STREET
City-St-Zip: TAMPA, FL 33605

Title: TD () Delete
Name: MCDONALD, MAE
Address: 2101 NORTH LOWE STREET
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIE COOK

PD

09/16/2009

Electronic Signature of Signing Officer or Director

Date