

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90474 001 ****70.00

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1. Entity Name

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



Principal Place of Business

2101 NORTH LOWE STREET
TAMPA, FL 33605

Mailing Address

P.O. BOX 76676
TAMPA, FL 33675-1676

b6004867



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2654662

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, DELANO S ESQUIRE
501 EAST KENNEDY BOULEVARD
SUITE 715
TAMPA, FL 33602

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IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COOK, WILLIE J
STREET ADDRESS 15277 NW 1ST ST
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD
NAME HOWARD, EDWARD
STREET ADDRESS 1514 FOX HILL PLACE
CITY-ST-ZIP VALRICO, FL 33594

TITLE S
NAME MOUNT, ZANNIE
STREET ADDRESS 2101 NORTH LOWE STREET
CITY-ST-ZIP TAMPA, FL 33605

TITLE TD
NAME MCDONALD, MAE
STREET ADDRESS 2101 NORTH LOWE STREET
CITY-ST-ZIP TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Rev. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-07

Date

Daytime Phone #