

# 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