

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **747224** (4)

1. Corporation Name

**MT. ZION A.M.E. CHURCH OF TAMPA, INC.**



Principal Place of Business: **7315 KISSIMEE STREET TAMPA FL 33616**  
Mailing Address: **7315 KISSIMEE STREET TAMPA FL 33616**

3. Date Incorporated or Qualified: **05/16/1979**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>25-0316600</b>	<input checked="" type="checkbox"/> Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>JONES, GENE A</b> <b>1915 18TH ST</b> <b>PALMETTO FL 34221</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Gene A. Jones* **REV. GENE A. JONES** 4-8-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, FOSTELLA</b>	1.2 NAME	
STREET ADDRESS	<b>1516 SPRUCE ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33607</b>	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEGRAD, WILLIE R</b>	2.2 NAME	
STREET ADDRESS	<b>7402 SWOOPE ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33686</b>	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYTHEWOOD, SARENA</b>	3.2 NAME	
STREET ADDRESS	<b>7404 ELLIOTT ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33616</b>	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, INEZ</b>	4.2 NAME	
STREET ADDRESS	<b>7401 FAUL ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33686</b>	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASHA, EVELYN K</b>	5.2 NAME	
STREET ADDRESS	<b>1714 LAUREL ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33607</b>	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, ELLEN H</b>	6.2 NAME	
STREET ADDRESS	<b>7316 O'BRIEN ST.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33616</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fostella Smith* **FOSTELLA SMITH** 4-8-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)