

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747224** (4)  
1. Corporation Name  
**MT. ZION A.M.E. CHURCH OF TAMPA, INC.**



Principal Place of Business <b>7315 KISSIMMEE STREET TAMPA FL 33616</b>	Mailing Address <b>7315 KISSIMMEE STREET TAMPA FL 33616-2811</b>
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3. Date Incorporated or Qualified <b>05/16/1979</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number <b>25-0316600</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**JONES, GENE A  
1915 18TH ST  
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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* **GENE A. JONES** **3-3-97**  
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	SMITH, FOSTELLA	1.2 NAME	
STREET ADDRESS	1516 SPRUCE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGRAD, WILLIE R	2.2 NAME	
STREET ADDRESS	7402 SWOOPE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33686	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYTHEWOOD, SARENA	3.2 NAME	
STREET ADDRESS	7404 ELLIOTT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, INEZ	4.2 NAME	
STREET ADDRESS	7401 FAUL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33686	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHA, EVELYN K	5.2 NAME	
STREET ADDRESS	1714 LAUREL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ELLEN H	6.2 NAME	
STREET ADDRESS	7316 O'BRIEN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: *Fostella Smith* **FOSTELLA SMITH** **3-3-97** **813-251-4497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (area code)

CR2E037 (9/96)