

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
7315 KISSIMMEE STREET TAMPA FL 33616

3. Date Incorporated or Qualified  
05/16/1979

4. FEI Number  
25-0316600 Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 7401 KISSIMMEE STREET 26  
Suite, Apt. #, etc. 27  
City & State 28  
23 TAMPA, FLORIDA  
Zip Country 29  
24 33616 25 HILLSBOROUGH 30

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 FL 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 DATE 1-5-98

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, FOSTELLA	
STREET ADDRESS	1516 SPRUCE ST.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEGRAD, WILLIE R	
STREET ADDRESS	7402 SWOOPE ST.	
CITY-ST-ZIP	TAMPA FL 33686	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYTHEWOOD, SARENA	
STREET ADDRESS	7404 ELLIOTT ST.	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, INEZ	
STREET ADDRESS	7401 FAUL ST.	
CITY-ST-ZIP	TAMPA FL 33686	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASHA, EVELYN K	
STREET ADDRESS	1714 LAUREL ST.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREEN, ELLEN H	
STREET ADDRESS	7316 O'BRIEN ST.	
CITY-ST-ZIP	TAMPA FL 33616	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 N Smith FOSTELLA N SMITH 1-5-98 813-251-440

CR2E037 (10/97)