**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 747224**

1. Corporation Name

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

Principal Place of Business 7401 KISSIMMEE ST **TAMPA FL 33616** 

Mailing Address

7315 KISSIMMEE STREET

TAMPA FL 33616

## **FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90029 023 \*\*\*\*61.25

1 106296 - 90629 - 23



2. Principal P	lace of Business	2a. Mailing Address		01	3. Date Incorporated or Qualifed				
21		26 7401 KISSIMI	uee .	Street	<sup>2</sup> 05/16/1979		<del></del>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		<del> </del>	olied For	
22		27			25-0316600			Applicable	
City & Stat	te	City & State	./		5. Certifcate of Status Desired		\$8.75 A		
23		28 /ampa, F/Or	<i>ida</i>				Fee Re	<del>`</del>	
Zip	Country		Countr		6. Election Campaign Financing		\$5.00	- ,	
24	25	29 336/6 30	V17/15	borough	Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent		l Nome	10. Name and Address of New Re	igisterea Ag	ent		
			81	Name					
JONES, GENE A				82 Street Address (P.O. Box Number is Not Acceptable)					
1915 18TH ST									
PALMETTO	0 FL 34221		83	3					
			84	City			85 Zip C	ode	
				'	<u> </u>	FL∣			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	e-named cor	poration submits this statement for the p	urpose of ch	anging its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	it Florida. Such change was auth	onzeu Di	r the corporat	ion's board of directors, thereby accept	are appoint	non oo reş	1000	
=	$\mathcal{U}$		GEA	/E A.	JONES /-	- 8-99	<b>?</b> ?		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Age	ent signature requir					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF				
TITLE	VD	☐ DELETE	1.1 TITLE			[	Change	☐ Addition	
NAME	SMITH, FOSTELLA		1.2 NAME						
STREET ADDRESS	1516 SPRUCE ST.		1.3 STREE	ET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-1	ST-ZIP					
TITLE	TD	☐ DELETE	2.1 TITLE				_ Change	Addition	
NAME	LEGRAD, WILLIE R	R 2.2 N							
STREET ADDRESS	* · · ·		2.3 STREE	ET ADDRESS					
			2. 4 CITY-	ST-ZIP					
CITY-ST-ZIP TITLE			3.1 TITLE				Change	Addition	
NAME			3.2 NAME						
	Bi ilienoo, oracin			ET ADDRESS	•				
STREET ADDRESS	1		3.4. CITY-						
CITY-ST-ZIP TITLE			4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	- [	_ Change =	Addition	
	· · · · · · · · · · · · · · · · · · ·		4. 2 NAME	1					
NAME	SCOTT, INEZ			ET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP	TAMPA FL 33686	☐ DELETE	4.4 CITY- 5.1 TITLE			Г	Change	Addition	
TITLE	S MACHA ENELVALV		5.2 NAME	i i		_		_	
NAME	MASHA, EVELYN K			ET ADDRESS					
STREET ADDRESS	1714 LAUREL ST.								
CITY-ST-ZIP	TAMPA FL 33607	☐ DĒLĒTĒ	5.4 CITY- 6.1 TITLE			ſ	Change	Addition	
TITLE	SD SOSEN SUENU	₩ DELETE	6.2 NAME						
NAME	GREEN, ELLEN H								
STREET ADDRESS	7316 O'BRIEN ST.			ET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33616		6.4 CITY-	ST-ZIP			that the in	2 20	

14. I 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 informatic 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 chapted, or on an attachment with an address, with all other like empowered.

813-8370129