

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90013 049 \*\*\*\*61.25

**DOCUMENT # 747224**

1. Entity Name

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

Principal Place of Business

Mailing Address

7401 KISSIMMEE ST  
 TAMPA FL 33616  
 US

7401 KISSIMMEE ST  
 TAMPA FL 33616-2820  
 US

2. Principal Place of Business

3. Mailing Address

*7401 Kissimmee Street*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Tampa, Florida*

4. FEI Number

25-0316600

Applied For  
 Not Applicable

Zip

Country

Zip

Country

*33616*

*Hillsborough*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FOSTELLA	NAME	
STREET ADDRESS	1516 SPRUCE ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGRAD, WILLIE R	NAME	
STREET ADDRESS	7402 SWOOPE ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33686	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYTHEWOOD, SARENA	NAME	
STREET ADDRESS	7404 ELLIOTT ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, INEZ	NAME	
STREET ADDRESS	7401 FAUL ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33686	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHA, EVELYN K	NAME	
STREET ADDRESS	1714 LAUREL ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ELLEN H	NAME	
STREET ADDRESS	7316 O'BRIEN ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616	CITY-ST-ZIP	

12. 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn K. Mashka* **Evelyn K. Mashka** 2-14-00 813-253-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)