

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747224

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7401 KISSIMMEE ST  
TAMPA, FL 33616 US

**New Principal Place of Business:**

**Current Mailing Address:**

7401 KISSIMMEE ST  
TAMPA, FL 33616 US

**New Mailing Address:**

**FEI Number:** 25-0316600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LADSON, LOUIS STEWARD  
4402 W PRESCOTT STREET  
TAMPA, FL 33616 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: JEFFERSON, SYLVIA  
Address: 1026 W. ALFRED STREET  
City-St-Zip: TAMPA, FL 33603

Title: VD  
Name: BOGEN, KIRK CHAIR  
Address: 4414 DOLPHIN DRIVE  
City-St-Zip: TAMPA, FL 33617

Title: T  
Name: GLENN, CLARA  
Address: 7409 S SHERRILL ST  
City-St-Zip: TAMPA, FL 33616

Title: D  
Name: BENSON, CHERIE  
Address: 1225 BLUFIELD AVE  
City-St-Zip: BRANDON, FL 33511

Title: D  
Name: PHELPS, THERESA  
Address: 6210 W. THORPE STREET  
City-St-Zip: TAMPA, FL 33610

Title: D  
Name: WILLIAMS, BILLIE  
Address: 3923 WEST PALMETTO ST.  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS LADSON

RA

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date