

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 763491

1. Entity Name
**GREATER MOUNT ZION AFRICAN METHODIST
EPISCOPAL CHURCH, INC.**



Principal Place of Business
**870 N. MARTIN LUTHER KING BLVD.
SEBRING, FL 33870**

Mailing Address
**P.O. BOX 3743
SEBRING, FL 33871**



07082006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, MCKINLEY BISHOP
101 E. UNION ST.
JACKSONVILLE, FL 32203**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ANCRUM, RUBIN E
2205 E. O. DOUGLAS AVENUE
SEBRING, FL 33871**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, GWEN
404 VICKIE TERRACE
SEBRING, FL 33876**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, JUNE
828 SHIRLEY STREET
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AARON, JAMES
1140 GRAND AVENUE
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AARON, PRISCILLA G
1140 GRAND AVENUE
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000570748
07/18/06-80008-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rubin E. Ancrum* Rubin E. Ancrum 7-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #