


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763491</b> 1. Entity Name <b>GREATER MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, INC.</b>	
--	---

Principal Place of Business <b>870 N. MARTIN LUTHER KING BLVD. SEBRING, FL 33870</b>	Mailing Address <b>P.O. BOX 3743 SEBRING, FL 33871</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000937962 05/27/08-80071-022 61.25</b>
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANCRUM, RUBIN E 2205 E. O. DOUGLAS AVENUE SEBRING, FL 33871</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACKSON, GWEN 404 VICKIE TERRACE SEBRING, FL 33876</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, JUNE 828 SHIRLEY STREET SEBRING, FL 33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD AARON, JAMES 1140 GRAND AVENUE SEBRING, FL 33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AARON, PRISCILLA G 1140 GRAND AVENUE SEBRING, FL 33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 03-24-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #