

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764996

FILED
Jun 07, 2006
Secretary of State

Entity Name: GREATER MT. ZION AFRICAN METHODIST EPISCOPAL CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:

919 20TH ST., SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

919 20TH ST., SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 20-1408202 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWFORD, FLOYD L
10601 125TH STREET NORTH
LARGO, FL 33778 US

Name and Address of New Registered Agent:

CRAWFORD, FLOYD L
919 20TH STREET SOUTH
ST. PETERSBURG, FL 33712 US

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:

06/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: WILLIAMS, CLARENCE A REV
Address: 9110 HIDDEN WATERS CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: PD () Delete
Name: BRYANT, WILSON
Address: 2225 17TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL

Title: VD () Delete
Name: CRAWFORD, FLOYD L
Address: 10601 125TH STREET NORTH
City-St-Zip: LARGO, FL

Title: D () Delete
Name: HENTON, ARTHUR
Address: 2538 36TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: TR () Delete
Name: BRYANT, PIERCE
Address: 5101 CORDOVA WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL

Title: T () Delete
Name: DAVIS, RUTH D
Address: 2586 59TH AVE S
City-St-Zip: ST PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARENCE WILLIAMS

PC

06/07/2006

Electronic Signature of Signing Officer or Director

Date