2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2008 8:00 am Secretary of State

05-30-2008 90216 020 ****61.25

DOCUMENT #764996

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



			1							
Principal Place of Business 919 20TH ST., SOUTH ST. PETERSBURG, FL 33712		Mailing Address 919 20TH ST., SOUTH ST. PETERSBURG, FL 33	3712		101066	ŭ 1				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					<u> </u>			
Suite, Apt. #, etc.		Suite, Apt, #, etc.		0:	5072008 Ct	ng-NP	CR2E037 (*	12/06)		
City & State		City & State		4.	FEI Number 20-140820	2			oplied For	
Zip	Country	Zip	ip Country		Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent		7.	Name and Add	ress of New Reg	gistered Ager	nt		
CDAMEO	BD ELOVD I		Name							
CRAWFORD, FLOYD L 919 20TH STREET SOUTH ST. PETERSBURG, FL 33712			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	e	
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office of	r registered a	gent, or both, in	the State of Flori	da. I am famil	liar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	lure required when	reinstating)		DATE			
	Filing Fee is \$61.25	9. Election Camp	paign Financing	\$ 5	.00 May Be	Mai	ke check pa	vable to		
Due by September 12, 2008 Trust Fund Contrib					led to Fees		a Departme	-		
10.	OFFICERS AND DIF	RECTORS	11.	ADD1	TIONS/CHANGI	ES TO OFFICERS	S AND DIRECT	TORS IN	1 10	
TITLE	PC	☐ Delete	TITLE					Change	☐ Addition	
NAME	WILLIAMS, CLARENCE A REV		NAME OTREET LEGIPLOS							
STREET ADDRESS CITY-ST-ZIP	9110 HIDDEN WATERS CIRCLE RIVERVIEW, FL 33569		STREET ADDRESS CITY-ST-ZIP							
TITLE	PD	Delete	TITLE	P7D			4.4	Change	Addition	
NAME	BRYANT, WILSON	2555	NAME	Bryan	ıt, Pie	rce	2100			
STREET ADDRESS	2225 17TH STREET SOUTH		STREET ADDRESS	5101	Cordova	a Way Surg, FL	outh			
CITY-ST-ZIP	ST. PETERSBURG, FL		City-St-ZIP	St. F	<u>'etersbı</u>	urg, FL) 		
TITLE NAME	VD CRAWFORD, FLOYD L	☐ Delete	TITLE NAMF					Change	☐ Addition	
STREET ADDRESS	10601 125TH STREET NORTH		STREET ADDRESS							
CITY-ST-ZIP	LARGO, FL		CITY-ST-ZIP							
TITLE	D	XX Delete	TITLE	D			ХĪХ	Change	☐ Addition	
NAME	HENTON, ARTHUR		NAME		ey, Te					
STREET ADDRESS	5		STREET ADDRESS			ry Aven	ue			
CITY-ST-ZIP	SAINT PETERSBURG, FL 3371		CITY-ST-ZIP	Tampa	FL:	<u>33624</u>				
TITLE NAME	TR BRYANT, PIERCE	Delete	TITLE NAME	M Roll	Corno	1:110	XX	Change	☐ Addition	
STREET ADDRESS	5101 CORDOVA WAY SOUTH		STREET ADDRESS	1736	Cornel	treet S	outh			
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	Št. I	etersbi	urg, F	Ľ 3371	. 1		
TITLE	1		1						☐ Addition	
HILE	T	Delete	TITLE	T/S			X.X	Change		
NAME	DAVIS, RUTH D	Delete	NAME	Davis	, Ruth	D		Lonange	, 🗀 🗸	
	-	Delete		Davis 2586		D venue S	outh		, <u> </u>	

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:

Lloyd L. Cramford SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/08 777-641-9180