

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-15-2004 90003 001 \*\*\*\*70.00  
N01000002947

FILED

04 SEP 22 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002947

1. Entity Name  
GREATER NEW MOUNT ZION AFRICAN METHODIST  
EPISCOPAL CHURCH, INCORPORATION  
*Episcopal*

Principal Place of Business  
890 S.W. 4TH STREET  
HOMESTEAD, FL 33030

Mailing Address  
550 S.W. 10TH AVE  
HOMESTEAD, FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
23-0632640

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, CHARLIE MAE  
733 NW 3RD ST  
HOMESTEAD, FL 33034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DS  
NAME HANNAH, WILLIAM  
STREET ADDRESS 30512 S.W. 152 PL  
CITY-ST-ZIP HOMESTEAD, FL 33030 ☐ Delete

TITLE DT  
NAME HARRIS, ULYSSES  
STREET ADDRESS 14101 JEFFERSON ST  
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE DS  
NAME WASHINGTON, CHARLIE M  
STREET ADDRESS 733 N.W. 3RD ST  
CITY-ST-ZIP FLA.CITY, FL 33034 ☐ Delete

TITLE DS  
NAME HARVEY, GLORIA  
STREET ADDRESS 265 S.W. 17TH AVE  
CITY-ST-ZIP HOMESTEAD, FL 33030 ☐ Delete

TITLE DS  
NAME ELLITON, WINTON  
STREET ADDRESS 305 N.W. 9TH AVE  
CITY-ST-ZIP HOMESTEAD, FL 33030 ☐ Delete

TITLE S  
NAME JACKSON, BARBARA  
STREET ADDRESS 432 NW 15TH STREET  
CITY-ST-ZIP HOMESTEAD, FL 33034 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ELLITON, WINTON  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/04-305-245-1049

Date

Daytime Phone #