



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000002947</b> 1. Entity Name <b>GREATER NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, INCORPORATION</b>						<b>FILED</b> <b>06 APR -6 AM 11:41</b>	
Principal Place of Business <b>890 S.W. 4TH STREET HOMESTEAD, FL 33030</b>				Mailing Address <b>550 S.W. 10TH AVE HOMESTEAD, FL 33030</b>			
2. Principal Place of Business		3. Mailing Address		 <b>03-20-06 01053 025 \$70.00</b> 03292006 REIN-NP CR2E099 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>23-0632640</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WASHINGTON, CHARLIE MAE 733 NW 3RD ST HOMESTEAD, FL 33034</b>				Name <b>GLORIA HARVEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>265 S.W. 17th AVE.</b> City <b>HOMESTEAD, FL</b> Zip Code <b>33030</b>			
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 <i>Gloria Harvey</i> - <b>GLORIA HARVEY</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>4/05/06</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HANNAH, WILLIAM 30512 S.W. 152 PL HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300070800363</b> <b>04/18/06--01036--021 **306.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARRIS, ULYSSES 14101 JEFFERSON ST MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WASHINGTON, CHARLIE M 733 N.W. 3RD ST FLA.CITY, FL 33034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARVEY, GLORIA 265 S.W. 17TH AVE HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLITON, WINSTON 305 N.W. 9TH AVE HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, BARBARA 432 NW 15TH STREET HOMESTEAD, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Gloria Harvey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/05/06 305-252-8571</b> <small>Date Daytime Phone #</small>			

721. Abna 21246