

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000002947

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



**FILED**  
09 MAR -2 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
890 S.W. 4th Street  
Suite, Apt. #, etc.

City & State  
Homestead FL

City & State  
Homestead FL

Zip  
33030

Country

02242009 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent  
HARVEY, GLORIA  
265 S.W. 17TH AVE  
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent  
Name: Jimmie L. Williams, III  
Street Address (P.O. Box Number is Not Acceptable)  
890 S.W. 4th St.  
City: Homestead FL Zip Code: 33030

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: Jimmie L. Williams, III DATE: 2-24-09

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

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	200144771432 03/02/09--01041--023 **131.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARVEY, GLORIA 265 S.W. 17TH AVE HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Raymond Simmons 823 Turner Circle Homestead, FL 33030 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Sue Scovil S 837 NW 2nd St Florida city, FL 33034-3114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Jimmie L. Williams, III 550 SW 10th Ave Homestead FL 33030 <input type="checkbox"/> Change <input checked="" 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: Jimmie L. Williams, III DATE: 2-24-09 305-245-8761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR