2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
02-14-2003 90195 001 ****70.00

DOCUMENT # N01000002947

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

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

Mailing Address
550 S.W. 10TH AVE
HOMESSTEAD FL 33030

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 23-0632640 | Applied For | Not Applicat

5. Certificate of Status Desired ☑ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACKSON, BARBARA A
432 N.W. 15TH STREET
FLORIDA CITY FL 33034

7. Name and Address of New Registered Agent
Name: Charlie Mae Washington
Street Address (P.O. Box Number is Not Acceptable): 733 N.W.3rd Street
Fla. City, Florida 33034
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 accep the obligations of registered agent.

SIGNATURE: Charlie Mae Washington (Steward) — Charlie Mae Washington — 2-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☑ Addit
NAME	HANNAH, WILLIAM	NAME	Barbara Jackson
STREET ADDRESS	30512 S.W. 152 PL	STREET ADDRESS	432 N.W. 15th Street
CITY-ST-ZIP	HOMESTEAD FL 33030	CITY-ST-ZIP	Fla City Florida 33034
	Steward (Title)		Steward (Title)
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addit
NAME	HARRIS, ULYSSES	NAME	
STREET ADDRESS	14101 JEFFERSON ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
	Trustee (Title)		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addit
NAME	WASHINGTON, CHARLIE M	NAME	
STREET ADDRESS	733 N.W. 3RD ST	STREET ADDRESS	
CITY-ST-ZIP	FLA.CITY FL 33034	CITY-ST-ZIP	
	Steward (Title)		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addit
NAME	HARVEY, GLORIA	NAME	
STREET ADDRESS	265 S.W. 17TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	CITY-ST-ZIP	
	Steward (Title)		
TITLE	D ☐ Delete	TITLE	☐
NAME	ELLITON, WINTON	NAME	
STREET ADDRESS	305 N.W. 9TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	CITY-ST-ZIP	
	Steward (Title)		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addit
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 a director or officer of the corporation or other legal entity to which this report or supplemental report applies, or the receiver or trustee empowered to execute this report as required by Florida Statutes and that my name appears above, or on an attachment with all other like empowered.

Charlie Mae Washington — Charlie Mae Washington (Steward) — 2-8-03 — (305) 248-3028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone