# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2006**
**Secretary of State**

DOCUMENT# N01000008987

**Entity Name:** SHAW TEMPLE AME ZION INC.

**Current Principal Place of Business:**

522 NW 9TH AVE.
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

504 NW 19TH AVENUE
FT. LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number: 65-0960045** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARALSON, WILLIAM C
504 NW 19TH AVE.
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HARALSON, WILLIAM C
Address: 504 NW 19TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VPD ( ) Delete
Name: MERRELL, SARA
Address: 1511 NW 33RD AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: SD ( ) Delete
Name: HARALSON, GWENDOLYN
Address: 504 NW 19TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: T ( ) Delete
Name: NELSON, ROSALIND
Address: 3410 NW 7 CT
City-St-Zip: FT. LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. HARALSON PD 03/10/2006

Electronic Signature of Signing Officer or Director — Date