

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008987

FILED  
May 28, 2009  
Secretary of State

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

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

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

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

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: TILL, ROSALIND  
Address: 4951 NW 15 ST  
City-St-Zip: LAUDERHILL, FL 33313

**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 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

05/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date