FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 91363 021 ****70.00

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

4/2

DOCUMENT # N02000003145

1. Entity Name
FIRST AFRICAN METHODIST EPISCOPAL ZION CHURCH, INC.

DO NOT WRITE IN THIS SPACE

55041928

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
395 MARIGOLD AVE	809 HASTIN PLACE
Suite, Apt. #, etc.: SUITE 101	Suite, Apt. #, etc.:
City & State: KISSIMMEE, FL.	City & State: KISSIMMEE, FL.
Zip: 34759 Country: USA	Zip: 34758 Country: USA

4. FEI Number: 59-3649256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KENNY B. KING, PASTOR
Street Address (P.O. Box Number Is Not Acceptable): 1030 SHAWNEE DRIVE
KISSIMMEE,
City: KISSIMMEE. FL Zip Code: 34744

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.

SIGNATURE: [signature] 4/24/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENNY B. KING, PASTOR D 1030 SHAWNEE DRIVE KISSIMMEE, FL. 34744	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/T WILLIE H. HUSTON T 809 HASTIN PLACE KISSIMMEE, FL. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SANDRA E. SINGLETON T 348 JACKSONVILLE COURT KISSIMMEE, FL. 34759	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WISDOM EDWARDS T 210 RONTUNDA DRIVE KISSIMMEE, FL. 34758	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Willie H. Huston 4/24/03 407-846-8984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #