

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000009124

1. Entity Name  
ISAIAH CHAPEL AFRICAN METHODIST EPISCOPAL ZION  
CHURCH, INC.



Principal Place of Business  
5038 DR. MARTIN LUTHER KING JR DRIVE  
MILTON, FL 32570

Mailing Address  
5038 DR. MARTIN LUTHER KING JR DRIVE  
MILTON, FL 32570

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-5460794

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, VICTOR T  
5038 DR. MARTIN LUTHER KING JR DRIVE  
MILTON, FL 32570

Name

Street Address (P.O. Box Number is Not Acceptable)

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 accept the obligations of registered agent.

SIGNATURE

*Victor T. Alexander*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1 October 2009

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, VICTOR T	
STREET ADDRESS	9213 WOODRUN COURT	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, MURRAY	
STREET ADDRESS	4244 BURBANK DRIVE	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLOVER, BARBARA	
STREET ADDRESS	6211 JACKSON LANE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL-THOMAS, JACQUELINE	
STREET ADDRESS	5966 WOLFGANG DRIVE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred Brewton	
STREET ADDRESS	6033 Breakenridge Dr	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brewton, Larry	
STREET ADDRESS	6150 Katrina Dr	
CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Victor T. Alexander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-476-2266

FILED

2009 OCT -5 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT