2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State
09-14-2000 90010 011 ****61.25

DOCUMENT # N07440

1. Entity Name

MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, T

Principal Place of Business	Mailing Address
111 SOUTH DAKOTA TAMPA FL 33603 US	111 SOUTH DAKOTA TAMPA FL 33606 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
111 South Dakota Ave	111 South Dakota Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country: Hillsborough	Zip: 33606 Country: Hillsborough

4. FEI Number 59-1877018 ☐ 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
JOHNSON, SIMON 207 S MELVILLE AVE TAMPA FL 33606	Name: Johnson, Simon Street Address (P.O. Box Number is Not Acceptable): 207 South Melville Ave. City: Tampa, FL Zip Code: 33606

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, 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
After September 13, 2000 min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, CLARENCE A 111 S DAKOTA AVE TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bellamy, II, E.G 5658 Louis XIV Court, Apt #B TAMPA, FL 33613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GIDDENS, BOBBY 8917 SHADY TREE CT. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STAFFORD, MARCUS 111 S. DAKOTA AVE. TAMPA, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLACK, BEATRICE 2138 CYPRESS CT. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GIDDENS, BOBBY 8917 SHADY TREE CT. TAMPA, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLACK, BEATRICE 2138 CYPRESS CT. TAMPA, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARY CLARK 111 S. DAKOTA AVE. TAMPA, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. G. Bellamy II SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 9/11/00 Date — (813)877-9180 Daytime Phone #