

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-01-2001 91342 022 ****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

2. Principal Place of Business

111 South Dakota Ave
Suite, Apt. #, etc.

3. Mailing Address

111 South Dakota Ave
Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, FL

Zip

Country

33606

Hillsborough

Zip

Country

33606

Hillsborough

6. Name and Address of Current Registered Agent

JOHNSON, SIMON
207 S MELVILLE AVE
TAMPA FL 33606

4. FEI Number

59-1877018

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Simon Johnson

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

Simon Johnson

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

(NOTE: Registered Agent signature required when reinstating)

2/25/01

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CLARENCE A	
STREET ADDRESS	111 S DAKOTA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GIDDENS, BOBBY	
STREET ADDRESS	8917 SHADY TREE CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLACK, BEATRICE	
STREET ADDRESS	2138 CYPRESS CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President & CEO/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellamy, E. G.	
STREET ADDRESS	5658 Lois Court, Apt #B	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Homer Hemmingsway	
STREET ADDRESS	5658 Hughes St	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Giddens	
STREET ADDRESS	8917 Shady Tree Ct.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Clark	
STREET ADDRESS	16112 Mirror Lake Ave	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE	Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatrice Black	
STREET ADDRESS	2138 Cypress Ct	
CITY-ST-ZIP	Tampa, FL	
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 exemption stated in Section 119.07(3)(l), 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:

Beatrice Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/01 (813) 877-9180

Daytime Phone #

CR2E037 (10/00)