2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 AM
Secretary of State

DOCUMENT# N07440

Entity Name: MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, TAMPA, FLORIDA, INCORPORATED

Current Principal Place of Business:

111 SOUTH DAKOTA AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

111 SOUTH DAKOTA AVE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-1877018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, SIMON
207 S MELVILLE AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: SD ( ) Delete
Name: CLARK, MARY
Address: 6712 MIRROR LAKE AVE
City-St-Zip: TAMPA, FL 33634

Title: 2VD ( ) Delete
Name: GIDDENS, BOBBY,
Address: 8917 SHADY TREE CT.
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete
Name: BLACK, BEATRICE,
Address: 2138 CYPRESS CT.
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete
Name: HEMMINGWAY, HOMER
Address: 5668 HUGHES ST
City-St-Zip: TAMPA, FL 33607

Title: PCED ( ) Delete
Name: BELLAMY, E G II
Address: 5658 LOUIS XIV CT APT #B
City-St-Zip: TAMPA, FL 33614

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REVEREND E. G. BELLAMY, II PRES 04/22/2002

Electronic Signature of Signing Officer or Director — Date