2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07440

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

Current Principal Place of Business:

5920 ROBERT TOLLE DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

5920 ROBERT TOLLE DRIVE
RIVERVIEW, FL 33569 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:

STAFFORD, MARCUS
5920 ROBERT TOLLE DRIVE
RIVERVIEW, FL 33569 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 (X) Delete
Name: CLARK, MARY
Address: 6712 MIRROR LAKE AVE
City-St-Zip: TAMPA, FL 33634

Title: 2VD ( ) Delete
Name: SIMS, LEROY
Address: 12017 TIMBERHILL
City-St-Zip: RIVERVIEW, FL 33569

Title: TD ( ) Delete
Name: BURCH, SHANNON
Address: 7202 PAPAYA CRT.
City-St-Zip: TAMPA, FL 33619

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

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEROY SIMS 2VD 04/15/2009

Electronic Signature of Signing Officer or Director — Date