

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90040 008 \*\*\*\*61.25

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**DOCUMENT # N07440**

1. Entity Name

**MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, T  
AMPA, FLORIDA, INCORPORATED**



Principal Place of Business

**111 SOUTH DAKOTA AVE  
TAMPA FL 33606  
US**

Mailing Address

**111 SOUTH DAKOTA AVE  
TAMPA FL 33606  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1877018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**JAMES CEENS**

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

**1445 BIRCHSTONE AVENUE**

City

**Brandon**

FL

Zip Code

**33511**

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

*Rei Lanza Cruz*

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **CLARK, MARY**  
STREET ADDRESS **6712 MIRROR LAKE AVE**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **2VD** ☒ Delete  
NAME **GIDDENS, BOBBY**  
STREET ADDRESS **8917 SHADY TREE CT.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME **LEROY SIMS**  
STREET ADDRESS **12017 THREBETHILL**  
CITY-ST-ZIP **RIEVIEW, FL. 33569**

TITLE **TD** ☐ Delete  
NAME **BLACK, BEATRICE**  
STREET ADDRESS **2138 CYPRESS CT.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete  
NAME **HEMMINGWAY, HOMER**  
STREET ADDRESS **5668 HUGHES ST**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PCED** ☒ Delete  
NAME **BELLAMY, E G II**  
STREET ADDRESS **5658 LOUIS XIV CT APT #B**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

**7/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)