

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17603 (4)
1. Corporation Name

**NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH
H, LAKE HAMILTON, FL., INC.**



Principal Place of Business Mailing Address
530 KOKOMO ROAD LAKE HAMILTON FL 33851
P.O. BOX 288 LAKE HAMILTON FL 33851

3. Date Incorporated or Qualified **10/30/1986** 3a. Date of Last Report **11/29/1995**
4. FEI Number **APPLIED FOR 65-0011289** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **SAME** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVER, AMOS L REV.
506 PEARSON PATH
AUBURNDALE FL 33823**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	OLIVER, AMOS L REV.	
STREET ADDRESS	506 PEARSON PATH	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	RA	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINGS, FRANK C REV.	
STREET ADDRESS	112 W. ADAMS ST., STE. 1814	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE	CDD	<input type="checkbox"/> DELETE
NAME	JACKSON, JOHN D	
STREET ADDRESS	9 TANGELO DRIVE	
CITY - ST - ZIP	LAKE HAMILTON FL 33851	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBERSON, WALTER	
STREET ADDRESS	1009 N. CHURCH ST.	
CITY - ST - ZIP	LAKE HAMILTON FL 33851	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CD
2.3 STREET ADDRESS	Dorothy H. Monroe
2.4 CITY - ST - ZIP	27 Tangelo Dr. Hains City FL 33844
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001912413
5.3 STREET ADDRESS	-08/05/96--01032--026
5.4 CITY - ST - ZIP	***69.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: REV. AMOS L. OLIVER **REQUIRED** **JULY 3, 1996** **941 965-0021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

Handwritten signature/initials