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Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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 P.O. BOX 288
LAKE HAMILTON FL 33851 LAKE HAMILTON FL 33851-0288

3. Date Incorporated or Qualified 10/30/1986
3a. Date of Last Report 08/02/1996

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

4. FEI Number 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

9. Name and Address of Current Registered Agent
OLIVER, AMOS L REV.
506 PEARSON PATH
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent
1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3.
4. 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 _____

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for DELETED. Rows include Oliver, Amos L Rev., Monroe, Dorothy H, Jackson, John D, and Roberson, Walter.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes checkboxes for Change and Addition.

14. I do 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 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.

Handwritten signature: P. Amos L. Oliver, 310109

CR2E037 (9/96)