

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90029 048 ****70.00

DOCUMENT # N17603

1. Entity Name

NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH



Principal Place of Business

**530 KOKOMO ROAD
 LAKE HAMILTON FL 33851**

Mailing Address

**P.O. BOX 288
 LAKE HAMILTON FL 33851**

ADD83006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

530 KOKOMO RD.

3. Mailing Address

P.O. BOX 288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE HAMILTON, FL

City & State
LAKE HAMILTON, FL

4. FEI Number **65-0011289**

Applied For
 Not Applicable

Zip
33851

Country
POLK

Zip
33851

Country
POLK

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, JOHNNIE L REV
 6116 RHYTHM CIRCLE
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

SIGNATURE _____ DATE **9/7/01**

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 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	CD MONROE, DOROTHY H	<input type="checkbox"/> Delete
STREET ADDRESS	27 TANGELO DR.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE NAME	CDD JACKSON, JOHN D	<input type="checkbox"/> Delete
STREET ADDRESS	9 TANGELO DRIVE	
CITY-ST-ZIP	LAKE HAMILTON FL 33851	
TITLE NAME	CD ROBERSON, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	1009 N. CHURCH ST.	
CITY-ST-ZIP	LAKE HAMILTON FL 33851	
TITLE NAME	CD BRYANT, JOHNNIE L REV	<input type="checkbox"/> Delete
STREET ADDRESS	6116 RHYTHM CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **Rev. Johnnie L. Bryant, Pastor** **9/7/01 407-297-8333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)