

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 046 ****61.25

DOCUMENT # N17603

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0011289**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Johnnie L Bryant

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	MONROE, DOROTHY H	
STREET ADDRESS	27 TANGELO DR.	
CITY-ST-ZIP	HAINES CITY FL 33844	
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	CD	<input type="checkbox"/> Delete
NAME	BRYANT, JOHNNIE L REV	
STREET ADDRESS	6116 RHYTHM CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis R. Adams-Crosby	
STREET ADDRESS	3215 Pearl St / P.O. Box 241	
CITY-ST-ZIP	Lake Hamilton, Fl. 33851	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marjorie L. Roberson	
STREET ADDRESS	2312 Melbourne Avenue	
CITY-ST-ZIP	Haines City, Fl. 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Phyllis R. Adams-Crosby, Secretary June 19, 2002 (863) 439-5337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)