


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N37414 1. Entity Name MT. ZION A.M.E. CHURCH OF BELLE GLADE, INC.	
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Principal Place of Business 249 SW 10TH STREET P O BOX 1688 BELLE GLADE FL 33430	Mailing Address 249 SW 10TH STREET P O BOX 1688 BELLE GLADE FL 33430
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent MONTGOMERY, THOMAS ONE SE AVE. E (POST OFFICE BOX 1510) BELLE GLADE FL 33430	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City
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4. FEI Number 65-0421024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD JONES, ISSAC S. <input type="checkbox"/> Delete 1216 SW AVE. B. BELLE GLADE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VD POOLE, HARVEY J., SR. <input type="checkbox"/> Delete 1233 SW AVE. C PLACE BELLE GLADE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SD VEREEN, MAUDE J. <input type="checkbox"/> Delete 601 SW AVE. F. BELLE GLADE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	TD JONES, ROOSEVELT <input type="checkbox"/> Delete 21 ROOSEVELT ST. BELLE GLADE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D VEREEN, JULIA <input type="checkbox"/> Delete 648 SW 3RD ST BELLE GLADE FL 33430
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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	

U00000066214
02/26/04-80006-004 61.25

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: _____ DATE: **2/22/04** 561 996 3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #