

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90279 012 \*\*\*\*61.25

**DOCUMENT # N37414**

1. Entity Name  
**MT. ZION A.M.E. CHURCH OF BELLE GLADE, INC.**



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0421024**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**MONTGOMERY, THOMAS  
ONE SE AVE. E  
(POST OFFICE BOX 1510)  
BELLE GLADE FL 33430**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State.**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	JONES, ISSAC S.	1216 SW AVE. B.	BELLE GLADE FL				
VD	POOLE, HARVEY J., SR.	1233 SW AVE. C PLACE	BELLE GLADE FL				
SD	VEREEN, MAUDE J.	601 SW AVE. F.	BELLE GLADE FL				
TD	JONES, ROOSEVELT	21 ROOSEVELT ST.	BELLE GLADE FL				
D	VEREEN, JULIA	648 SW 3RD ST	BELLE GLADE FL 33430				

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: ~~SIGNATURE REQUIRED~~

4/29/03 561 996 3898

CR2E037 (10/02)