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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003981 (7)**
1. Corporation Name
**NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH
H TALLAHASSEE, FLORIDA INCORPORATED**

Principal Place of Business Mailing Address
**1401 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32315** **P.O. BOX 3948
TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified **08/15/1994** 3a. Date of Last Report **08/25/1995**
4. FEI Number **59-2476277-59-3346344** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**STARKS, DANIEL
1103 BASIN ST
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **5000 1835239**
83 **08/22/96-0008-015**
*****70.00 ***70.00**
84 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 _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | PICKETT, ROSE | |
| STREET ADDRESS | 1827 DEVRA DR. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | RAMSEY, BARBARA | |
| STREET ADDRESS | 2172 PORTSMOUTH CT. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | STARKS, DANIEL | |
| STREET ADDRESS | 1103 BASIN ST. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GILLISPIE, KAREN | |
| STREET ADDRESS | 8600 CHATHAM CT. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | TRUSTEE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | EMMA H. HILL | |
| 1.3 STREET ADDRESS | 804 BAHAMA DRIVE | |
| 1.4 CITY-ST-ZIP | TALL FL 32301 | |
| 2.1 TITLE | TRUSTEE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JAMES HOUSTON, SR. | |
| 2.3 STREET ADDRESS | 313 MAE ROAD | |
| 2.4 CITY-ST-ZIP | TALL. FL 32312 | |
| 3.1 TITLE | TRUSTEE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | WALTER MCNEIL | |
| 3.3 STREET ADDRESS | 2088 CRESTDALE DRIVE | |
| 3.4 CITY-ST-ZIP | TALL. FL 32308 | |
| 4.1 TITLE | PICKETT, ROSA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 1827 DEVRA DR. | |
| 4.3 STREET ADDRESS | TALLAHASSEE FL 32303 | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Daniel J. Starks* DANIEL STARKS, TRUSTEE 5/13/96
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*TSJ
5/22/96*