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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
TALLAHASSEE, FLORIDA INCORPORATED



Principal Place of Business

Mailing Address

1401 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32315

P.O. BOX 3948
TALLAHASSEE FL 32315-3948

3. Date Incorporated or Qualified
08/15/1994

3a. Date of Last Report
05/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3346344

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARKS, DANIEL
1103 BASIN ST
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PICKETT, ROSA
STREET ADDRESS 1827 DEVRA DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

1.1 TITLE Change Addition
1.2 NAME TRUSTEE
1.3 STREET ADDRESS MCNEEL, WALTER
1.4 CITY-ST-ZIP 2088 CRESTDALE DRIVE
TALLAHASSEE, FL 32308

TITLE DELETE
NAME RAMSEY, BARBARA
STREET ADDRESS 2172 PORTSMOUTH CT.
CITY-ST-ZIP TALLAHASSEE FL 32311

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME STARKS, DANIEL
STREET ADDRESS 1103 BASIN ST.
CITY-ST-ZIP TALLAHASSEE FL 32304

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME GILLISPIE, KAREN
STREET ADDRESS 8600 CHATHAM CT.
CITY-ST-ZIP TALLAHASSEE FL 32304

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME HILL, EMMA H
STREET ADDRESS 804 BAHAMA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME HOUSTON, JAMES SR.
STREET ADDRESS 3113 MAE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Starks* SIGNATURE REQUIRED

5/22/97

(904) 222-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008643

CR2E037 (9/96)