

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 JUL 27 PM 3:04

SECRETARY OF STATE



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

Principal Place of Business <b>1401 OLD BAINBRIDGE RD. TALLAHASSEE FL 32315</b>	Mailing Address <b>P.O. BOX 3948 TALLAHASSEE FL 32315</b>
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3. Date Incorporated or Qualified <b>08/15/1994</b>	
4. FEI Number <b>59-3346344</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICKETT, ROSA</b>	1.2 NAME	
STREET ADDRESS	<b>1627 DEVRA DR.</b>	1.3 STREET ADDRESS	<b>500002602025--D</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	1.4 CITY-ST-ZIP	<b>-07/29/98--01095--003</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMSEY, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>2172 PORTSMOUTH CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARKS, DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>1103 BASIN ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLISPIE, KAREN</b>	4.2 NAME	
STREET ADDRESS	<b>6600 CHATHAM CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILL, EMMA H</b>	5.2 NAME	
STREET ADDRESS	<b>804 BAHAMA DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSTON, JAMES SR.</b>	6.2 NAME	
STREET ADDRESS	<b>3113 MAE ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	6.4 CITY-ST-ZIP	

14. 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 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 **Daniel Starks** 7/26/98 **921-1160**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011518

CR2E037 (5/98)