

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90010 026 \*\*\*\*70.00

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000003981**

1. Corporation Name

**NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH  
 H TALLAHASSEE, FLORIDA INCORPORATED**

Principal Place of Business

1401 OLD BAINBRIDGE RD.  
 TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 3948  
 TALLAHASSEE FL 32315



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*Daniel Starks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

Date

(850) 222-4201

Daytime Phone #

CR2E037 (5/99)