

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 044 ****70.00

DOCUMENT # N94000003981

1. Entity Name
NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH

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

40079357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3346344		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
STARKS, DANIEL 1103 BASIN ST TALLAHASSEE FL 32304				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	T PICKETT, ROSA	TITLE NAME	
STREET ADDRESS	1827 DEVRA DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	
TITLE NAME	T RAMSEY, BARBARA	TITLE NAME	
STREET ADDRESS	2172 PORTSMOUTH CT.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE NAME	T STARKS, DANIEL	TITLE NAME	
STREET ADDRESS	1103 BASIN ST.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	CITY-ST-ZIP	
TITLE NAME	T GILLISPIE, KAREN	TITLE NAME	
STREET ADDRESS	8600 CHATHAM CT.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	CITY-ST-ZIP	
TITLE NAME	T HILL, EMMA H	TITLE NAME	
STREET ADDRESS	804 BAHAMA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	CITY-ST-ZIP	
TITLE NAME	T HOUSTON, JAMES SR.	TITLE NAME	
STREET ADDRESS	3113 MAE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	

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: Daniel P Starks Daniel Starks 9/18/00 (850) 222-4201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)