

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90003 039 ****70.00

DOCUMENT # N94000003981

1. Entity Name

NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURC



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3346344

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	PICKETT, ROSA	
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	T	<input type="checkbox"/> Delete
NAME	HILL, EMMA H	
STREET ADDRESS	804 BAHAMA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUSTON, JAMES SR.	
STREET ADDRESS	3113 MAE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Starks* **DANIEL STARKS**

06-20-01 (960) 222-4201

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CR2E037 (10/00)