

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 15, 2004
Secretary of State**

DOCUMENT# N94000003981

Entity Name: NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH TALLAHASSEE, FLORIDA
INCORPORATED

Current Principal Place of Business:

1401 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32315

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3948
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3346344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STARKS, DANIEL
1103 BASIN ST
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PICKETT, ROSA
Address: 1827 DEVRA DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: RAMSEY, BARBARA
Address: 2172 PORTSMOUTH CT.
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: STARKS, DANIEL
Address: 1103 BASIN ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: GILLISPIE, KAREN
Address: 8600 CHATHAM CT.
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: HILL, EMMA H
Address: 804 BAHAMA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: HOUSTON, JAMES SR.
Address: 3113 MAE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL STARKS

T

07/15/2004

Electronic Signature of Signing Officer or Director

_____ Date