

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
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:

1401 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

Current Mailing Address:

1401 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32315

New Mailing Address:

1401 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

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

Name and Address of Current Registered Agent:

WILSON, QUINTON
210 LINCOLN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ELWOOD, ANTON G REV
1401 OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303 US

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: ANTON G. ELWOOD

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BRYANT, RAYMOND
Address: 3201 SEAWOLF DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: GILLEY, PHYLISS
Address: 8548 BANNERMAN BLUFF DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: O () Delete
Name: WILSON, QUINTON
Address: 210 LINCOLN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Delete
Name: WYNN, ELIZABETH
Address: 2711 BLAIR STONE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: LUCAS, OLLIE
Address: 1115 CALLOWAY STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: GAINES, IRA
Address: 1426 VICTORIA DR.
City-St-Zip: TALLAHASSEE, FL 32305

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 exemption stated in Chapter 119, 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: ANTON G. ELWOOD

REV.

04/21/2009

Electronic Signature of Signing Officer or Director

Date