

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -2 AM 8:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N94000003981
1. Entity Name
NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH TALLAHASSEE, FLORIDA INCORPORATED



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

100022894021
09/09/09--01084--030 **70.00



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
59-3346344
Applied For
Not Applicable

Zip
Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and date if applicable
(NOTE: Registered Agents Signature required when submitting)
DATE

FILE NOW - FEE IS \$61.25
Initial Attached UBR

9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PICKETT, ROSA; RAMSEY, BARBARA; STARKS, DANIEL; GILLISPIE, KAREN; HILL, EMMA H; HOUSTON, JAMES SR.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten signature 'D Starks' and date '8/29/09'.

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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an assignment with an address, with all other like empowered.

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

CR12E037 (10/02)