## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005446

Apr 26, 2007 Secretary of State

Entity Name: MOUNT SINAI AFRICAN METHODIST EPISCOPAL ZION CHURCH, CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 2909 N NEBRASKA AVE TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 2909 N NEBRASKA AVE TAMPA, FL 33602 FEI Number: 59-2404288 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOLDEN JR., GEORGE N REV ZAKAY, SAMUEL REV 3608 NORTH 26TH STREET 2909N NEBRASKA AVE TAMPA, FL 33605 TAMPA, FL 33605 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: SAMUEL ZAKAY 04/26/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PIMENTO, EVORA Name: Name: 3306 RIVERGROVE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: VC () Delete Title: () Change () Addition WILLIAMS, MARY Name: Name: Address: 13410 LAPLACE CIRCLE, APT 128 Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WORKMAN, PRISCILLA Name: Name: 8350 SAVANNAH TRACE CIRCLE, #208 Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: GALLMON, HOSEA Name: CARSONS, GWENDA J 5023 SOUTH 85TH STREET 1902N MITCHELL AVE Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33602 Title: **PCEO** () Delete Title: **PCEO** (X) Change ( ) Addition BOLDEN, GEORGE N JR. ZAKAY, SAMUEL REV Name: Name: 3608 NORTH 26TH STREET 2909N NEBRASKA AVE Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 33605

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: SAMUEL ZAKAY **REV** 04/26/2007