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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005838 (6)

1. Corporation Name

SECOND AME ZION CHURCH, INC.

Principal Place of Business	Mailing Address
17723 NW 62 PLACE HIALEAH FL 33015	17723 NW 62 PLACE HIALEAH FL 33015-4538

3. Date Incorporated or Qualified: 12/08/1995
3a. Date of Last Report: 08/16/1996

2. Principal Place of Business
21: 17723 NW 62 Place North
22: Suite, Apt. #, etc.
23: City & State: Hialeah, FL
24: Zip: 33015
25: Country: USA

2a. Mailing Address
26: 17723 NW 62 PLACE North
27: Suite, Apt. #, etc.
28: City & State: Hialeah, FL
29: Zip: 33015
30: Country: USA

4. FEI Number: 65-0659276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE
B G TAX SERVICE INC
16917 NW 57 AVE
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	GILBERT, WELLINGTON REV.		1.2 NAME	Gilbert, Wellington Rev.	
STREET ADDRESS	17723 NW 62 PLACE		1.3 STREET ADDRESS	17723 NW 62 ~~nd~~ place North	
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	T	☒ DELETE	2.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	GILBERT, MEALIE M		2.2 NAME	Gilbert, Mealie M.	
STREET ADDRESS	17723 NW 62 PLACE		2.3 STREET ADDRESS	17723 NW 62 ~~nd~~ Place North	
CITY-ST-ZIP	HIALEAH FL 33015		2.4 CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	T	☒ DELETE	3.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	WILLIAMS, DESSIE H		3.2 NAME	Williams, Dessie H	
STREET ADDRESS	110 NW 55TH ST		3.3 STREET ADDRESS	110 NW 55th St.	
CITY-ST-ZIP	MIAMI FL 33127		3.4 CITY-ST-ZIP	Miami, FL 33127	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, CASSANDRA		4.2 NAME		
STREET ADDRESS	13321 NW 26TH CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 7/07/97