

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005838

1. Corporation Name

SECOND AME ZION CHURCH, INC.

Principal Place of Business

Mailing Address

1100 NW 55th St
Miami, FL 33127
US

1100 NW 55th St
Miami, FL 33127
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, WELLINGTON R	
STREET ADDRESS	17723 NW 62ND PLACE NORTH	
CITY-ST-ZIP	HALEAH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, MEALIE M	
STREET ADDRESS	17723 NW 62ND PLACE NORTH	
CITY-ST-ZIP	HALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DESSIE H	
STREET ADDRESS	1100 NW 55TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, CASSANDRA	
STREET ADDRESS	13321 NW 26TH CT	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	I	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500003312835
1.4 CITY-ST-ZIP	-07/05/00-01061-002
2.1 TITLE	*****70.00 Change ****
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Horton, Thomas
4.3 STREET ADDRESS	1800 Sanssouci Blvd Apt 419
4.4 CITY-ST-ZIP	North Miami, FL 33181
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LILLIAN Johnson
5.3 STREET ADDRESS	8153 NW 15th Ave.
5.4 CITY-ST-ZIP	Miami, FL 33143
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rev. Raymond L. Moseley
6.3 STREET ADDRESS	8400 NW 26th Ave.
6.4 CITY-ST-ZIP	Miami, FL 33147

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8400 NW 26th Ave 33147

00 JUN 14 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR2537 (5/99)