

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005838

1. Entity Name

SECOND AME ZION CHURCH, INC.

Principal Place of Business

1100 NW 55TH ST.  
MIAMI FL 33127  
US

Mailing Address

1100 NW 55TH ST.  
MIAMI FL 33127  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0659276

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
HORTON, THOMAS  
1800 SANSSOCCI BLVD APT. 419  
NORTH MIAMI FL 33181 ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
JOHNSON, LILLIAN  
8153 NW 15TH AVE.  
MIAMI FL 33143 ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
WILLIAMS, DESSIE H  
1100 NW 55TH ST  
MIAMI FL ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MASSEY, RAYMOND REV (deceased)  
8400 NW 25TH AVE.  
MIAMI FL 33147 April 12, 2002 ☒ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

DESSIE H. WILLIAMS 4/18/02 305-757-3759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DESSIE H. WILLIAMS

FILED  
May 01, 2002 8:00 am  
Secretary of State

04-02-2002 90921 050 \*\*\*\*70.00

26187



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)