

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # N96000003301 (6)

1. Corporation Name

GREATER LIGHT AFRICAN METHODIST EPISCOPAL ZION C
HURCH, CORPORATION



Principal Place of Business Mailing Address
1400 9TH ST S 1400 9TH ST S
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 59-3477716 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
JONES, HARRY 81 Name
3907 LASALLE ST 82 Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33607 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 Harry Jones 9/3/97
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TR, C 1.1 TITLE
NAME Elizabeth W. Johnson 1.2 NAME
STREET ADDRESS 6175 Oak Cluster Circle 1.3 STREET ADDRESS
CITY-ST-ZIP Tampa, FL 33634 1.4 CITY-ST-ZIP
TITLE TR, S 2.1 TITLE
NAME Latonja Jones 2.2 NAME
STREET ADDRESS 3907 LaSalle Street 2.3 STREET ADDRESS
CITY-ST-ZIP Tampa, FL 33607 2.4 CITY-ST-ZIP
TITLE TR 3.1 TITLE
NAME Marilyn Odum 3.2 NAME
STREET ADDRESS 2500 Auburn Street S. 3.3 STREET ADDRESS
CITY-ST-ZIP St. Petersburg, FL 33712 3.4 CITY-ST-ZIP
TITLE 4.1 TITLE
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE 5.1 TITLE
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE 6.1 TITLE
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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: SIGNATURE REQUIRED Harry Jones 9-3-97

CR2E037 (4/97)