

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90046 007 ****61.25

DOCUMENT # N96000005276
 1. Entity Name
MT. ZION AFRICAN METHODIST EPISCOPAL CHURCH OF BARTOW, INC.



Principal Place of Business Mailing Address
710 SCOTT AVE **710 SCOTT AVE**
BARTOW FL 33830 **BARTOW FL 33830**

UJUNUJX



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3427026 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
GREER, TENNIE J
2769 SUMMIT VIEW DR
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, FRED JR. (PAST) <input checked="" type="checkbox"/> Delete 4906 HOPESPRING DR ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, CAREY <input type="checkbox"/> Delete 2769 SUMMIT VIEW DR LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSLEY, MARY <input type="checkbox"/> Delete 975 CARVER AVE BARTOW FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITFIELD, LINDA <input type="checkbox"/> Delete 1526 PROVIDENCE RD LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, DIANE <input type="checkbox"/> Delete 1770 LAUREL BARTOW FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Willie J. Hayes, Pastor 1096 W. Clower Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carey Greer Jr 4-4-4 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date