


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005276</b> 1. Entity Name <b>MT. ZION AFRICAN METHODIST EPISCOPAL CHURCH OF BARTOW, INC.</b>		
Principal Place of Business <b>710 SCOTT AVE BARTOW FL 33830</b>		Mailing Address <b>710 SCOTT AVE BARTOW FL 33830</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3427026</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>GREER, TENNIE J 2769 SUMMIT VIEW DR LAKELAND FL 33813</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D HAYES, WILLIE J PASTOR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1096 W. CLOVER	NAME	
STREET ADDRESS	BARTOW FL 33830	STREET ADDRESS	U00000222441
CITY - ST - ZIP		CITY - ST - ZIP	02/09/05-60074-021 61.25
TITLE	D GREER, CAREY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2769 SUMMIT VIEW DR	NAME	
STREET ADDRESS	LAKELAND FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	T MOSLEY, MARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	975 CARVER AVE	NAME	
STREET ADDRESS	BARTOW FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	T WHITFIELD, LINDA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1526 PROVIDENCE RD	NAME	
STREET ADDRESS	LAKELAND FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D HARMON, DIANE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1770 LAUREL	NAME	
STREET ADDRESS	BARTOW FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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 2-6-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #