

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90024 015 ****61.25

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



40030407

Principal Place of Business
**710 SCOTT AVE
 BARTOW, FL 33830**

Mailing Address
**710 SCOTT AVE
 BARTOW, FL 33830**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02222008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3427026

Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	HAYES, WILLIE J PASTOR	
STREET ADDRESS	1096 W. CLOVER	
CITY - ST - ZIP	BARTOW, FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREER, CAREY	
STREET ADDRESS	2769 SUMMIT VIEW DR	
CITY - ST - ZIP	LAKELAND, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOSLEY, MARY	
STREET ADDRESS	975 CARVER AVE	
CITY - ST - ZIP	BARTOW, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITFIELD, LINDA	
STREET ADDRESS	1526 PROVIDENCE RD	
CITY - ST - ZIP	LAKELAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARMON, DIANE	
STREET ADDRESS	1770 LAUREL	
CITY - ST - ZIP	BARTOW, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **3-2-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #