


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000608 (6) 1. Corporation Name MT. ZION AME COMMUNITY DEVELOPMENT, INC.					
Principal Place of Business 3431 NE 5TH AVE OAKLAND PARK FL 33304			Mailing Address 3431 NE 5TH AVE OAKLAND PARK FL 33304		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/04/1997 4. FEI Number 65-0798926 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent SHAW, ROBERT 3431 NE 5TH AVE OAKLAND PARK FL 33304			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME SHAW, ROBERT STREET ADDRESS 3431 NE 5TH AVE CITY-ST-ZIP OAKLAND PARK FL 33304			1.1 TITLE 1.2 NAME Sarah A Shaw 1.3 STREET ADDRESS 3431 N.E. 5th Ave 1.4 CITY-ST-ZIP Oakland Park, Fl. 33304		
TITLE SD NAME FRAZIER, PHYLLIS STREET ADDRESS 3431 NE 5TH AVE CITY-ST-ZIP OAKLAND PARK FL 33304			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TD NAME CLARK, DANNY STREET ADDRESS 3431 NE 5TH AVE CITY-ST-ZIP OAKLAND PARK FL 33304			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE BM NAME Clark Tekeia STREET ADDRESS 3431 NE 5th Ave CITY-ST-ZIP Oakland Park Fl. 33304			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE OM NAME Laura Richardson STREET ADDRESS 3431 NE 5th Ave CITY-ST-ZIP Oakland Park, Fl. 33304			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE BM NAME Vivian Wilson STREET ADDRESS 3431 N.E. 5th Ave. CITY-ST-ZIP Oakland Park, Fl. 33304			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. 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 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: Robert Shaw Robert Shaw 2/28/98 954-563-3060					

CR2E037 (10/97)