

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90013 019 \*\*\*\*70.00

**DOCUMENT # N99000000752**

1. Entity Name

**THE NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF  
 TAMPA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

2511 E. COLUMBUS DR.  
 TAMPA FL 33605

2511 E. COLUMBUS DR.  
 TAMPA FL 33605

**910332**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2967262**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **XI**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASHINGTON, BOOKER T  
 4416 JOHN BELL JR., DRIVE  
 TAMPA FL 33610**

Name

**FORT, CLARENCE**

Street Address (P.O. Box Number is Not Acceptable)

**4907 84TH STREET**

City

**TAMPA**

**FL**

Zip Code  
**33619**

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.

SIGNATURE

*Clarence Fort*

**DEACON CLARENCE FORT**

**JANUARY 18, 2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, CLARENCE	
STREET ADDRESS	4907 84TH ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, TOMMY	
STREET ADDRESS	733 58TH ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, BOOKER T	
STREET ADDRESS	4416 JOHN BELL JR. DR.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIMBROUGH, WILLIE	
STREET ADDRESS	4403 SNAPPER ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARDLOW, RONALD	
STREET ADDRESS	12905 LONGCREST DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD BANKS	
STREET ADDRESS	7917 SINGING CT. PLACE	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMMY JONES	
STREET ADDRESS	5206 PINE MILL ST.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LEWIS	
STREET ADDRESS	17509 TALLY HO CT.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIE MERRITT	
STREET ADDRESS	2903 E. CHELSA	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEN NEWTON	
STREET ADDRESS	4421 N. ATWATER DR.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNICE FORD	
STREET ADDRESS	7517 N. 40TH ST.	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIE GRANT	
STREET ADDRESS	3406 E. FERN ST.	
CITY-ST-ZIP	TAMPA, FL 33610	

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:

*Clarence Fort*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/01

Date

813-248-8101

Daytime Phone #

CR2E037 (10/00)

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DOCUMENT # N99000000752

*Handwritten:*  
K H Harkner  
910332  
# N99000000752

THE NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

2511 E. COLUMBUS DRIVE  
TAMPA, FLORIDA 33605

BLOCK 11 CONTINUED

D  
WILLIAM JONES  
4313 E. CLIFTON  
TAMPA, FL 33610

D  
LEROY LANE  
1007 WESTSIDE DRIVE  
TAMPA, FLORIDA 33619

D  
WALTER MERRITT  
3005 E. OSBORNE  
TAMPA, FLORIDA 33610

D  
WALTER NELSON  
4311 POMPANO DRIVE  
TAMPA, FLORIDA 33617

D  
EARNEST PINDER  
10007 REMINGTON DRIVE  
RIVERVIEW, FLORIDA 33569

D  
HENRY SEMORE  
6805 E. NORTH BAY  
TAMPA, FLORIDA 33610

D  
RONALD THOMAS  
3802 N 52ND ST.  
TAMPA, FLORIDA 33610

D  
CARNELL UPSHAW  
8315 CROTON AVENUE  
TAMPA, FLORIDA 33619

D  
RICKY WADE  
2510 E. PALIFOX STREET  
TAMPA, FLORIDA 33610

D  
NATHAN WADE  
1616 CROSSRIDGE DRIVE  
BRANDON, FLORIDA 33510