

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90123 044 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2967262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORT, CLARENCE
4907 84TH STREET
TAMPA FL 33619

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.

SIGNATURE _____

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 checked="" 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	BANKS, RICHARD	
STREET ADDRESS	7917 SINGING CT. PLACE	
CITY-ST-ZIP	TAMPA FL 33615	

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	
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature
SIGNATURE REQUIRED

4-30-02

813-677-9244

CR2E037 (9/01)