


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90014 019 \*\*\*\*61.25

<b>DOCUMENT # N99000000752</b>			
1. Entity Name <b>THE NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF TAMPA, FLORIDA, INC.</b>			
Principal Place of Business <b>2511 E. COLUMBUS DR. TAMPA FL 33605</b>		Mailing Address <b>2511 E. COLUMBUS DR. TAMPA FL 33605</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

0041070J



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2967262</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FORT, CLARENCE 4907 84TH STREET TAMPA FL 33619</b>		7. Name and Address of New Registered Agent Name <b>FORT, CLARENCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4907 84th St. Tampa</b> City <b>Tampa</b> FL Zip Code <b>33619</b>	
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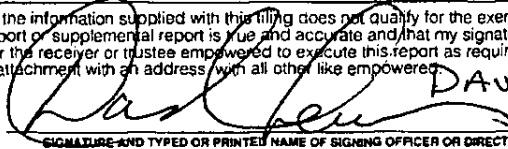
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORT, CLARENCE</b> <b>4907 84TH ST</b> <b>TAMPA FL 33619</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Deacon Board</b> <b>LOVETT, JOHN C.</b> <b>1510 SAKONNETT CT</b> <b>BRANDON FLA 33571</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, TOMMY</b> <b>733 58TH ST.</b> <b>TAMPA FL 33619</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEACON TRUSTEE CHAIRMAN</b> <b>LEWIS, DAVID</b> <b>8649 N. Himes Ave #119</b> <b>Tampa Fla 33614</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WASHINGTON, BOOKER T</b> <b>4416 JOHN BELL JR. DR.</b> <b>TAMPA FL 33610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WASHINGTON, BOOKER T.</b> <b>4416 John Bell Dr</b> <b>Tampa FL 33610</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>X</b> <b>WARDLOW, RONALD</b> <b>12905 LONGCREST DR.</b> <b>RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANKS, RICHARD</b> <b>7917 SINGING CT. PLACE</b> <b>TAMPA FL 33615</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **DAVID LEWIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-1-04** Daytime Phone # **(813) 248-8101**  
**(813) 748-4440**