

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 041 ****61.25

DOCUMENT # N99000004174

1. Entity Name

GREATER FAITH A.M.E. ZION CHURCH, INC.



Principal Place of Business
**1075 IVEY LANE SOUTH
ORLANDO FL 32811**

Mailing Address
**1075 IVEY LANE SOUTH
ORLANDO FL 32811**

2. Principal Place of Business

(same)

3. Mailing Address

P.O. Box 585722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

32858

Country

USA

4. FEI Number **59-3490067**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERSON, MARVIN V REV.
3613 WILTS ST.
ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name **Rev. Dawn Mayo-Hardy**
Street Address (P.O. Box Number is Not Acceptable) **691 Ashford Oaks Drive Apt 101**
City **Altamonte Springs** FL Zip Code **32714**

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

Dawn Mayo-Hardy
Signature, typed or printed name of registered agent and title if applicable

Dawn Mayo-Hardy
(NOTE: Registered Agent signature required when registering)

4-30-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JENKINS, MELVIN L | |
| STREET ADDRESS | 2204 N. SMITH ST. | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | BAIDEN, CARLTON | |
| STREET ADDRESS | 901 LAKE MANN DR. | |
| CITY-ST-ZIP | ORLANDO FL 32805 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | WALKER, JR., LEONARD T | |
| STREET ADDRESS | 2721 ELMHURST CIR. | |
| CITY-ST-ZIP | ORLANDO FL 32810 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------------|--|
| TITLE | Pastor | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rev. Dawn Mayo-Hardy | |
| STREET ADDRESS | 691 Ashford Oaks Drive Apt 101 | |
| CITY-ST-ZIP | Altamonte Springs FL 32714 | |
| TITLE | Trustee Chair person | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Charlotte Pinkett | |
| STREET ADDRESS | 1956 Margaret Crescent Dr. | |
| CITY-ST-ZIP | Apopka FL 32703 | |
| TITLE | Steward | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Atoria Tolliver | |
| STREET ADDRESS | 7026 Lake Long Dr. | |
| CITY-ST-ZIP | Orlando FL 32818 | |
| 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 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:

Dawn Mayo-Hardy **4-30-03** **407-342-0252**

CR2E037 (10/02)