

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37414

**Entity Name:** MT. ZION A.M.E. CHURCH OF BELLE GLADE, INC.

**Current Principal Place of Business:**

908 S. W. AVENUE B PLACE  
BELLE GLADE, FL 33430

**Current Mailing Address:**

P.O. BOX 1688  
BELLE GLADE, FL 33430

**FEI Number: 65-0421024**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COOPER, WILLIAM EJR.  
6543 SPRING MEADOW DRIVE  
GREENACRES, FL 33413 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name COOPER, WILLIAM EJR.  
Address 6543 SPRING MEADOW DRIVE  
City-State-Zip: GREENACRES FL 33413

Title VD  
Name WHITLEY, GLORIA  
Address 832 S.W. AVENUE H  
City-State-Zip: BELLE GLADE FL 33430

Title DIRECTOR  
Name JONES, ROOSEVELT  
Address 21 ROOSEVELT ST.  
City-State-Zip: BELLE GLADE FL 33430

Title SD  
Name VEREEN, JULIA  
Address 648 SW 3RD ST  
City-State-Zip: BELLE GLADE FL 33430

Title TREASURER  
Name HARRISON, MAE CAMPBELL  
Address 340 NOAH COURT  
City-State-Zip: BELLE GLADE FL 33430

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM E. COOPER JR.**

**PD**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date