

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003981

**Entity Name:** NEW MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH TALLAHASSEE, FLORIDA INCORPORATED

**FILED**  
**May 09, 2017**  
**Secretary of State**  
**CC5360291913**

**Current Principal Place of Business:**

1401 OLD BAINBRIDGE RD.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1401 OLD BAINBRIDGE RD.  
TALLAHASSEE, FL 32303

**FEI Number: 59-3346344**

**Certificate of Status Desired: Yes**

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

ELWOOD, ANTON G  
1401 OLD BAINBRIDGE ROAD  
TALLAHASSEE, FL 32303 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: ANTON G. ELWOOD**

**05/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name BRYANT, RAYMOND  
Address 3201 SEAWOLF DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title S  
Name CORBETT, DORIS  
Address 3174 BARINGER ROAD  
City-State-Zip: TALLAHASSEE FL 32311

Title S  
Name WILSON, LORENE  
Address 5461 TALLAPOOSA ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title T  
Name GAINES, IRA  
Address 1426 VICTORIA DR.  
City-State-Zip: TALLAHASSEE FL 32305

Title PRES  
Name ELWOOD, ANTON G  
Address 1401 OLD BAINBRIDGE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

*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: ANTON G. ELWOOD**

**PRESIDENT**

**05/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date