

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

DOCUMENT# N96000005276

**Entity Name:** MT. ZION AFRICAN METHODIST EPISCOPAL CHURCH OF BARTOW, INC.

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC0249623358**

**Current Principal Place of Business:**

710 SCOTT AVE  
BARTOW, FL 33830

**Current Mailing Address:**

710 SCOTT AVE  
BARTOW, FL 33830

**FEI Number: 59-3427026**

**Certificate of Status Desired: Yes**

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

GREER, TENNIE J  
2769 SUMMIT VIEW DR  
LAKELAND, FL 33812 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 TRUSTEE  
Name GREER, CAREY  
Address 2769 SUMMIT VIEW DR  
City-State-Zip: LAKELAND FL 33812

Title STEWARD  
Name SMITH, JACQUELYN  
Address 3023 PINEDALE AVENUE  
City-State-Zip: LAKELAND FL 33812

Title TREASURER  
Name FULSE, BERNARD  
Address 710 SCOTT AVE  
City-State-Zip: BARTOW FL 33830

Title TRUSTEE  
Name SHEILA, COTTLE  
Address 710 SCOTT AVE  
City-State-Zip: BARTOW FL 33830

Title SECRETARY  
Name MOSELY, CYNTHIA B.  
Address 710 SCOTT AVE  
City-State-Zip: BARTOW FL 33830

Title PASTOR  
Name JOHNSON, SAMUEL J.  
Address 710 SCOTT AVE  
City-State-Zip: BARTOW FL 33830

*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: CAREY GREER**

**TRUSTEE**

**01/30/2017**

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

\_\_\_\_\_  
Date