

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003928

**Entity Name:** MOUNT ZION AME CHURCH, HASTINGS, FLORIDA INC.**Current Principal Place of Business:**601 WASHINGTON STREET  
HASTINGS, FL 32145**Current Mailing Address:**P. O. BOX 937  
HASTINGS, FL 32145**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEEPLES, JOHN  
601 WASHINGTON STREET  
HASTINGS, FL 32145 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:** JOHN PEEPLES

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name EDWARDS, DOROTHY S.  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title OFFICER  
Name HOLTZ, MADELINE  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title TRUSTEE  
Name HOLTZ, CURTIS  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title TRUSTEE  
Name NEAL, THELMA  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title VC  
Name PEEPLES, JOHN  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title OFFICER  
Name FISHER, MARY WESLEY  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title TRUSTEE  
Name ARNOLD, AURORA  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title TRUSTEE  
Name MATTOX, JANET  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

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*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:** JOHNNY JOHNS

PASTOR

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name BASKIN, SUE  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title PASTOR  
Name JOHNS, JOHNNY V.  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145

Title EXECUTIVE SECRETARY  
Name LEWIS ROBINSON, PATRICIA  
Address P.O. BOX 937  
City-State-Zip: HASTINGS FL 32145