

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N16000005800

**Entity Name:** MT ZION AFRICAN METHODIST EPISCOPAL CHURCH OF  
MONDON HILL, INC.**Current Principal Place of Business:**8160 WPA RD.  
BROOKSVILLE, FL 34601**Current Mailing Address:**8160 WPA RD.  
BROOKSVILLE, FL 34601 US**FEI Number: APPLIED FOR****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WALKER, VALARIE J  
4881 CYPRESS WOODS DR. #3112  
ORLANDO, FL 32811 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: VALARIE J. WALKER****11/28/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	T
Name	LAWSON, LEWIS C
Address	8160 WPA RD.
City-State-Zip:	BROOKSVILLE FL 34601

Title	PASTOR
Name	HARRISON, AQUINETTE K
Address	8160 WPA RD.
City-State-Zip:	BROOKSVILLE FL 34601

Title	STEWARD
Name	BYAM, LUCILLE
Address	8160 WPA RD.
City-State-Zip:	BROOKSVILLE FL 34601

Title	STEWARD
Name	LOGAN, CECIL
Address	8160 WPA RD.
City-State-Zip:	BROOKSVILLE FL 34601

Title	STEWARD
Name	TAVARES, LARRY
Address	8160 WPA RD.
City-State-Zip:	BROOKSVILLE FL 34601

Title	STEWARD
Name	COOK, FAIRELLA
Address	8160 WPA RD.
City-State-Zip:	BROOKSVILLE FL 34601

*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: AQUINETTE K. HARRISON****PASTOR****11/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date