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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90088 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719489**

1. Corporation Name  
**MT. ZION AFRICAN METHODIST EPISCOPAL CHURCH OF D  
 AYTONA BEACH, INC.**

Principal Place of Business 449 S. MARTIN LUTHER KING JR.. BLVD. DAYTONA BEACH FL 32114	Mailing Address 449 S. MARTIN LUTHER KING JR.. BLVD. DAYTONA BEACH FL 32114
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/12/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3483109
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**BERRY, PAUL E**  
**449 S. MARTIN LUTHER KING JR., BLVD.**  
**DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BERRY, PAUL E	
STREET ADDRESS	449 S. MLK JR, BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRINKLEY, EMMA	
STREET ADDRESS	188 BIG BEN DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURNEY, EARL	
STREET ADDRESS	717 SCHOOL ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, SUE	
STREET ADDRESS	1241 CADILLAC DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITFIELD, JACKIE	
STREET ADDRESS	627 FREMONT AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, MELVIN	
STREET ADDRESS	334 LOCKHART ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARGRETT, CEDRIC
3.3 STREET ADDRESS	552 LOOMIS AVENUE
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVIS, LEONNARD
4.3 STREET ADDRESS	538 BELLEVUE AVENUE
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVIS, LEONNARD
6.3 STREET ADDRESS	538 BELLEVUE AVENUE
6.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 1-22-99 904-253-0202  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)