

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0098936

03-19-2001 90055 034 ****70.00

DOCUMENT # 719489

1. Entity Name

MT. ZION AFRICAN METHODIST EPISCOPAL CHURCH OF D

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**

U0026267



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3483109

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

~~Name~~ **Rev. LaTanya Warren Floyd**
~~Street Address (P.O. Box Number is Not Acceptable)~~ **449 S. Martin Luther King Jr, Blvd.**
~~City~~ **Daytona Beach, FL FL 32114**

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	RUTH, SHAW	
STREET ADDRESS	314 REVA STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARGRETT, CEDRIC	
STREET ADDRESS	552 LOOMIS AVE	
CITY-ST-ZIP	DAYTONA BCH 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 type="checkbox"/> Delete
NAME	DAVIS, LEONARD	
STREET ADDRESS	538 BELLEVUE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. LaTanya Warren Floyd	
STREET ADDRESS	449 S. MLK Jr. Blvd.	
CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. LaTanya W. Floyd* **Rev. LaTanya W. Floyd 2/5/01 (904) 252-2412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)