

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90210 030 ****61.25

DOCUMENT # 719489

1. Entity Name

MT. ZION AFRICAN METHODIST EPISCOPAL
CHURCH OF DAYTONA BEACH, INC.



DO NOT WRITE IN THIS SPACE

90136520

2. Principal Place of Business 449 SOUTH DR. M.L.KING, JR., BLVD
Suite, Apt. #, etc.

3. Mailing Address 449 SOUTH DR. M.L. KING JR., BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DAYTONA BEACH, FL.		City & State DAYTONA BEACH, FL.		4. FEI Number 59-3483109	Applied For Not Applicable
Zip 32114	Country VOLUSIA	Zip 32114	Country VOLUSIA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEROY WASHINGTON, JR.
Street Address (P.O. Box Number is Not Acceptable)
410 SOUTH STREET

City
DAYTONA BEACH, FL
Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LEROY WASHINGTON, JR. *Leroy Washington Jr.* 5/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEROY WASHINGTON, JR. 410 SOUTH STREET DAYTONA BEACH, FL. 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL BERRY P.O. BOX 1681 DAYTONA BEACH, FL. 32115	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKIE WHITFIELD 627 FREMONT AVENUE DAYTONA BEACH, FL. 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUE HAWKINS 1241 CADILLAC DRIVE, DAYTONA BEACH, FL. 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTIE ADAMS 748 WESTMORELAND ROAD, DAYTONA BEACH, FL. 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM CRUSE 601 MADISON AVENUE, DAYTONA BEACH, FL. 32114	TITLE 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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *Leroy Washington Jr.* 05/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)