

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PM 3:04

DOCUMENT # 764252 (3)

1. Corporation Name

**MT. ZION NEW CONGREGATIONAL METHODIST CHURCH, IN
C.**

Principal Place of Business

Mailing Address

**C/O MARIE DANIELS
RT. 2, BOX 629
MACCLENNY FL 32063**

**C/O MARIE DANIELS
RT. 2, BOX 629
MACCLENNY FL 32063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/22/1982

01/31/1994

4. FEI Number

Applied For

59-3011355

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

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

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

**\$68.75 Supplemental
Fee Not Required**

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALONEY, FRANK E., JR.
5 W. MACCLENNY AVE
MACCLENNY FL 32063**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **GRIFFIN, BOBBY CHARLES**
STREET ADDRESS **RT 2 BOX 510**
CITY-ST-ZIP **MACCLENNY FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE **ST**
NAME **DANIELS, MARIE**
STREET ADDRESS **RT 2 BOX 629**
CITY-ST-ZIP **MACCLENNY FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **GRIFFIS, KEVIN L**
STREET ADDRESS **RT 1, BOX 617**
CITY-ST-ZIP **LAWTEY FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
LAURAMORE, ARTHUR L.
RT 2 BOX 511 N/A
MACCLENNY, FL

Change Addition

TITLE **D**
NAME **RHODEN, FRED**
STREET ADDRESS **551 8TH AVE. W. BOX 8**
CITY-ST-ZIP **MACCLENNY FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **LAURAMORE, ELLIE**
STREET ADDRESS **RT. 2, BOX 675**
CITY-ST-ZIP **MACCLENNY FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
CREWS, TERRY
169 ILOWDER ST.
MACCLENNY, FL.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARIE DANIELS S/T

Marie Daniels

Date

Daytime Phone #

1-12-95 (904)259-3102