

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 764252 (3)

1. Corporation Name
MT. ZION NEW CONGREGATIONAL METHODIST CHURCH, IN C.

Principal Place of Business: C/O MARIE DANIELS, RT. 2, BOX 629, MACCLENNY FL 32063
Mailing Address: C/O MARIE DANIELS, RT. 2, BOX 629, MACCLENNY FL 32063



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1982	3a. Date of Last Report 01/24/1995
21		26		4. FEI Number 59-3011355	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MALONEY, FRANK E., JR. 5 W. MACCLENNYE 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 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BOBBY CHARLES	1.2 NAME	
STREET ADDRESS	RT 2 BOX 510	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, MARIE	2.2 NAME	
STREET ADDRESS	RT 2 BOX 629	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURAMORE, ARTHUR L.	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 511	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODEN, FRED	4.2 NAME	
STREET ADDRESS	551 8TH AVE. W. BOX 8	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, TERRY	5.2 NAME	
STREET ADDRESS	169 1 LOWDER DT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 617, 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* 1/22/96 904-259-21-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)