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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32063-9551

3. Date Incorporated or Qualified 07/22/1982
3a. Date of Last Report 03/04/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 59-3011355
Applied For Not Applicable

22 City & State
27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country
24 25

28 Zip Country
29 30

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

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

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE D DELETE
NAME LAURAMORE, ARTHUR L.
STREET ADDRESS RT. 2, BOX 511
CITY-ST-ZIP MACCLENNY FL

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

TITLE D DELETE
NAME CREWS, TERRY
STREET ADDRESS 169 1 LOWDER DT.
CITY-ST-ZIP MACCLENNY FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4.1 TITLE D Change Addition
4.2 NAME JOHN W. KIRKLAND
4.3 STREET ADDRESS P O BOX 196
4.4 CITY-ST-ZIP MACCLENNY FL.

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

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

14. I do 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.

SIGNATURE: MARIE DANIELS ST *Marie Daniels*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-97 (904) 299-3102
Date Daytime Phone # 0000847

CR2E037 (9/96)