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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #. 764252

1. Corporation Name

MT. ZION NEW CONGREGATIONAL METHODIST CHURCH, IN

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

## **FILED** Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90167 019 \*\*\*\*61.25



2. Principal Pl	Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
21 26					07/22/1982	<del></del>		
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	<del>                                      </del>	plied For	
27				59-3011355		Applicable		
City & State City & State					5. Certificate of Status Desired	\$8.75 A		
23 28				***		Fee Re	<u> </u>	
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	-	
24	25		30		Trust Fund Contribution	Added to	b Fees	
	9. Name and Address of Curre	nt Registered Agent	- 04	Name	10. Name and Address of New Registered	Agent		
			81	Name				
MALONEY, FRANK E., JR.				82 Street Address (P.O. Box Number is Not Acceptable)				
5 W. MACCLENNYE AVE								
MACCLENNY FL 32063								
			84	City	EI	85 Zip C	ode	
				<u> </u>	FL	changing its	registered	
office or r	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the oblig	a of Florida. Such change was aut	inonzea by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as rec	jistered	
SIGNATURE					red when reinstating) DATE	<del></del>		
12	Signature, typed or printed name of registered ag		13.	in adularina iadoli	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	T	ND DIRECTORS	1.1 TRLE			☐ Change	☐ Additio	
TITLE	ODICCINI DODDY CHADLES	- pertit	12 NAME			-= -		
NAME	GRIFFIN, BOBBY CHARLES			TADDRESS				
STREET ADDRESS	1			1				
CITY-ST-ZIP	MACCLENNY FL		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Additio	
TITLE	ST NAME OF MARKET		2.1 NAME					
NAME	DANIELS, MARIE	-	•	TADORESS				
STREET ADDRESS			1					
CITY-ST-ZIP	MACCLENNY FL		2. 4 CITY-1	31-41		Change	Additio	
TITLE	D ANDAMODE ADTIVIDA		3.2 NAME			_ •	•	
NAME	LAURAMORE, ARTHUR L.			T ADDRESS				
STREET ADDRESS	1111 =,		3.4. CITY-					
CITY-ST-ZIP	MACCLENNY FL	DELETE	4.1 TITLE	31-4P		☐ Change	Additio	
TITLE	D COUNTY TERRY		4. 2 NAME					
NAME	CREWS, TERRY			T ADDRESS				
STREET ADDRESS	100 1 20110211 011		4.3 STREE					
CITY-ST-ZIP	MACCLENNY FL	DELETE	5.1 TITLE	31-4IF		☐ Change	☐ Additio	
TITLE	D COUNTY		5.2 NAME	ļ				
NAME	KIRKLAND, JOHN W			T ADDRESS				
STREET ADDRESS			5.4 CITY-5	- 1		t.		
CITY-ST-ZIP	MACCLENNY FL	☐ DELETE	6.1 TITLE			☐ Change	Additio	
TITLE		ليا لالداد	6.2 NAME				_	
NAME	Ţ			T ADDRESS				
STREET ADDRESS			6.3 STREE	- 1				
	T. Control of the Con		■ 0.4 UI 1 Y - 3	31-4P !				

14. 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 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, with all other like empowered.

SIGNATURE: W