

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91341 038 \*\*\*\*61.25

**DOCUMENT # 764252**

1. Entity Name

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

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3011355**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DP**  Change  Addition  
 NAME **GRIFFIN, BOBBY CHARLES**  
 STREET ADDRESS **5588 LAURAMORE RD.**  
 CITY-ST-ZIP **MACCLENNY, FL 32063**

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

TITLE **ST**  Change  Addition  
 NAME **DANIELS, MARIE**  
 STREET ADDRESS **5777 HARLEY THRIFT RD.**  
 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**  Change  Addition  
 NAME **LAURAMORE ARTHUR L.**  
 STREET ADDRESS **5650 LAURAMORE RD.**  
 CITY-ST-ZIP **MACCLENNY, FL.**

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

TITLE **D**  Change  Addition  
 NAME **CREWS, TERRY**  
 STREET ADDRESS **10150 JARED & SARAH'S PLACE**  
 CITY-ST-ZIP **SANDERSON, FL. 32040**

TITLE **D**  Delete  
 NAME **KIRKLAND, JOHN W**  
 STREET ADDRESS **PO BOX 196**  
 CITY-ST-ZIP **MACCLENNY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Daniels* 2-26-01 259-3102  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)