

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764252

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** MT. ZION NEW CONGREGATIONAL METHODIST CHURCH, INC.

**Current Principal Place of Business:**

14670 SR 121 N.  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 297  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 59-3011355      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHESHIRE, TIM  
Address: 5575 HUCKLEBERRY TRAIN N.  
City-St-Zip: MACCLENNY, FL 32063

Title: ST  
Name: DAVIS, WANDA  
Address: P.O. BOX 125  
City-St-Zip: SANDERSON, FL 32087

Title: D  
Name: DAVIS, V. PETE  
Address: PO BOX 125  
City-St-Zip: SANDERSON, FL 32087

Title: D  
Name: CREWS, TERRY  
Address: 10150 JARED & SARAH'S PLACE  
City-St-Zip: SANDERSON, FL 32040

Title: D  
Name: KIRKLAND, JOHN  
Address: PO BOX 196  
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WANDA RENEA DAVIS

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01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date