

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764252

FILED
Jan 03, 2012
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 TRAIL 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: GORE, POLLY
Address: 1128 COPPER GATE
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: HARRIS, MARY
Address: 169 N LOWDER STREET
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 DAVIS

ST

01/03/2012

Electronic Signature of Signing Officer or Director

_____ Date