



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007279 1. Entity Name MT ZION A.M.E. CHURCH, INC.						FILED 06 JUL 26 PM 1:41 CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF DADE 06	
Principal Place of Business 417 OAKLAND AVE OAKLAND, FL 34760				Mailing Address PO BOX 484 OAKLAND, FL 34760			
2. Principal Place of Business		3. Mailing Address		 07-2606 01028 023 \$78.75 07262006 Chg-NP CR2E037 (4/06)		06	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-3632194				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent JONES, IRIS B 524 W. OAKLAND AVENUE OAKLAND, FL 34760				7. Name and Address of New Registered Agent Name <u>DANA L. CRAWFORD, SR</u> Street Address (P.O. Box Number is Not Acceptable) <u>339 LARGOVISTA DR.</u> City <u>OAKLAND, FL</u> Zip Code <u>FL 34760</u>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>07/26/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, DANA SR 5930 STRATTON LANE OAKLAND, FL 34760			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 07/26/06--01028--023 **\$78.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, JOSEPH 14775 BETINA STREET WINTER GARDENS, FL 34787			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEDD, NICIE PO BOX 375 OAKLAND, FL 32760			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, WILLIE PO BOX 556 OAKLAND, FL 32760			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHUCK ROBINSON 13743 Glyneshel Dr. WINTER GARDEN, FL 34787		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, IRIS B PO BOX 802 OAKLAND, FL 34760			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JEANETTE ALLEN P.O. BOX 556 OAKLAND, FL 34760		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAINOUS, FERRALL JR. PO BOX 560665 MONTEVERDE, FL 34756			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>07/26/06</u> Daytime Phone #			