

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007279

1. Entity Name
MT ZION A.M.E. CHURCH, INC.



Principal Place of Business
417 OAKLAND AVE
OAKLAND, FL 34760

Mailing Address
PO BOX 484
OAKLAND, FL 34760



05012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, DANA L SR.
339 LARGOVISTA DRIVE
OAKLAND, FL 34760

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000947275
06/02/08-80007-021 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CRAWFORD, DANA L SR
339 LARGOVISTA DRIVE
OAKLAND, FL 34760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WRIGHT, JOSEPH
14775 BETINA STREET
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
NEDD, NICIE
PO BOX 375
OAKLAND, FL 32760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, CHUCK
13743 GLYNSHEL DRIVE
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ALLEN, JEANETTE
511 WEST HULL AVENUE
OAKLAND, FL 34760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

LANA ADKINS Lana Adkins (Admin)

5-1-08 (407) 877-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #