

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90236 004 ****70.00

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

**JONES, IRIS B
305 W. HULL AVENUE
OAKLAND FL 34760**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Iris B. Jones*

DATE **March 4, 2003**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 **P** Delete
NAME **REEVES, JOSEPH E**
STREET ADDRESS **PO BOX 484**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **P** Change Addition
NAME **Crawford, Sr., Dana L.**
STREET ADDRESS **5930 Stratton Lane**
CITY-ST-ZIP **Orlando, FL**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **ALLEN, WILLIE**
STREET ADDRESS **PO BOX 556**
CITY-ST-ZIP **OAKLAND FL 32760**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **ALLEN, ALONZO**
STREET ADDRESS **6588 RAIM COURT**
CITY-ST-ZIP **ORLANDO FL 32881**

TITLE Change Addition
NAME **JONES, IRIS B.**
STREET ADDRESS **305 W. Hull, P.O. Box 802**
CITY-ST-ZIP **Oakland, FL 34760**

TITLE **Y** Delete
NAME **GAINOUS, FERRELL JR**
STREET ADDRESS **PO BOX 560665**
CITY-ST-ZIP **MONTEVERDE FL 34756**

TITLE Change Addition
NAME **Gainous, Ferrell Jr**
STREET ADDRESS **PO. Box 560665**
CITY-ST-ZIP **MONTEVERDE FL 34756**

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: *Iris B. Jones* **SIGNATURE REQUIRED**

4/30/03 321-303-4240

CR2E037 (10/02)