

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000076

FILED
Apr 23, 2008
Secretary of State

Entity Name: MT. ZION UNITED METHODIST CHURCH OF REDDICK,INC

Current Principal Place of Business:

4251 NW 155 ST.
REDDICK, FL 32686 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 293
REDDICK, FL 32686 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CARLTON M
16165 NW 43RD COURT
REDDICK, FL 32686 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: P () Delete
Name: COOPER, DONALD S
Address: 4320 NW 155TH STREET
City-St-Zip: REDDICK, FL 32686 US

Title: T () Delete
Name: RAY, DORETHA
Address: 3131 NW 157TH PL
City-St-Zip: REDDICK, FL 32686 US

Title: PPR () Delete
Name: REEVES, RUBY
Address: P.O.BOX 722
City-St-Zip: REDDICK, FL 32686 US

Title: SEC () Delete
Name: HINES, JACQUELYN
Address: P.O.BOX 293
City-St-Zip: REDDICK, FL 32686 US

Title: VP () Delete
Name: ATKINS, MATTHEW SR.
Address: 15650 NW 44TH AVE RD.
City-St-Zip: REDDICK, FL 32686 US

Title: M () Delete
Name: PETE, REBECCA A
Address: P.O.BOX 505
City-St-Zip: REDDICK, FL 32686 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORETHA M. RAY

T

04/23/2008

Electronic Signature of Signing Officer or Director

Date