


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90177 023 ****61.25

DOCUMENT # N06000001814

1. Entity Name
 MT. ZION CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business
 232 HAL MCRAE BLVD
 AVON PARK, FL 33825

Mailing Address
 232 HAL MCRAE BLVD
 AVON PARK, FL 33825

40049954



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 952
 Suite, Apt. #, etc.

01072007 Chg-NP CR2E037 (12/06)

City & State
 Avon Park FL

Zip
 33825-0952

Country
 Highlands

4. FEI Number
 65-0436473

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, BONNIE
 2140 N BARCLAY RD
 AVON PARK, FL 33825

7. Name and Address of New Registered Agent

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 _____
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, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FLEMING, ERNEST	
STREET ADDRESS	205 JOE HILTON ST	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JAMES SR	
STREET ADDRESS	1026 S DELANEY AVE	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHELLE	
STREET ADDRESS	29 PALM CIRCLE	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ernest Fleming Date: 4/1/07 Daytime Phone #: 863-453-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR