

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001814

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** MT. ZION CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

232 HAL MCRAE BLVD  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 952  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 65-0436473      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIMMONS, BONNIE R  
2140 N BARCLAY RD  
AVON PARK, FL 33825      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  
**Name:** FLEMING, ERNEST  
**Address:** 205 JOE HILTON ST  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** D  
**Name:** WILLIAMS, MICHELLE  
**Address:** 29 PALM CIRCLE  
**City-St-Zip:** AVON PARK, FL 33825

I hereby 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 all other like empowered.

SIGNATURE: BONNIE R. SIMMONS

SEC.

04/24/2011

Electronic Signature of Signing Officer or Director

Date