

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005537

FILED
May 01, 2009
Secretary of State

Entity Name: MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH INC. OF INDIAN RIVER COUNTY

Current Principal Place of Business:

4221 28TH AVENUE
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2634
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 59-1614847 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, MILLARD
745 BEACON ST. N.W.
PALM BAY, FL 32907 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: CAMPBELL, MILLARD
Address: 745 BEACON ST. N.W.
City-St-Zip: PALM BAY, FL 32907 US

Title: VP () Delete
Name: GIPSON, KENNETH
Address: 281 6TH DRIVE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: VP () Delete
Name: BROWN, MARGARET D
Address: 4195 57TH COURT
City-St-Zip: VERO BEACH, FL 32967 US

Title: VP () Delete
Name: FORBES, THADDEUS
Address: 2856 49TH ST.
City-St-Zip: VERO BEACH, FL 32967 US

Title: VP () Delete
Name: GREGORY, OWEN
Address: 6010 45TH ST
City-St-Zip: VERO BEACH, FL 32967 US

Title: VP () Delete
Name: BUTLER, WILMORE
Address: 4410 28TH. AVE.
City-St-Zip: VERO BEACH, FL 32967 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
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: MARGARET D. BROWN

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date