

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010080

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** MOUNT ZION PRIMITIVE BAPTIST CHURCH (MACON) INC.

**Current Principal Place of Business:**

3115 MERIDAN RD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

3116 MERIDAN RD  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

3115 MERIDAN RD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

3116 MERIDAN RD  
TALLAHASSEE, FL 32312

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PRESTON, KENNETH DEACON  
1818 ACORN RIDGE TRL  
TALLAHASSEE, FL 32312 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: D  
Name: PRESTON, KENNETH  
Address: 3116 MERIDAN ST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: DAVIS, TOMMY  
Address: 3116 MERIDAN ST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: B  
Name: CLOSE, JESSIE  
Address: 3116 MERIDAN ST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S  
Name: MABLE, JOHNSON  
Address: 3116 MERIDAN ST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S  
Name: FOOTMAN, ALTEMESE  
Address: 3116 MERIDAN ST  
City-St-Zip: TALLAHASSEE, FL 32312

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: KENNETH PRESTON

DIR

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date