

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90009 001 \*\*\*\*70.00

<b>DOCUMENT # N13373</b>					
1. Entity Name MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, DELEON SPRINGS, FLORIDA, INC.					
Principal Place of Business REYNOLDS ROAD AND PENVAN STREET P. O. BOX 1064 DELEON SPRINGS, FL 32130-1064			Mailing Address REYNOLDS ROAD AND PENVAN STREET P. O. BOX 1064 DELEON SPRINGS, FL 32130-1064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Applied For		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Not Applicable		07142006 Chg-NP CR2E037 (4/06)			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REYNOLDS, THOMAS W. 5010 PENVAN AVE. DELEON SPRINGS, FL 32130			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 <i>Thomas Reynolds</i>		Thomas Reynolds		7/14/06	
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 September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS, THOMAS W.		NAME		
STREET ADDRESS	5010 PENVAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREMAN, JAMES F., SR.		NAME		
STREET ADDRESS	COLUMBIA COURT		STREET ADDRESS		
CITY-ST-ZIP	SEVILLE, FL 32190		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCWILLIAMS-HOLLOWAY, ADRIAN		NAME	<i>McWilliams-Holloway, Adrian</i>	
STREET ADDRESS	850 E CHERING CROSS CIRCLE		STREET ADDRESS	<i>100 Bantay Drive</i>	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCWILLIAMS, DORIS J.		NAME		
STREET ADDRESS	449 E. BERLIN STREET		STREET ADDRESS		
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREMAN, GENEVIEWE		NAME		
STREET ADDRESS	COLUMBIA COURT		STREET ADDRESS		
CITY-ST-ZIP	SEVILLE, FL 32190		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Adrian McWilliams-Holloway</i>		Adrian McWilliams-Holloway		7/14/06 4072213058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	