

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90027 038 ****70.00

DOCUMENT # N13373 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 - No P.O. Box # 393 Reynolds Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1064 Suite, Apt. #, etc.	
City & State Deleon Springs, FL Zip 32130 Country Volusia		City & State Deleon Springs, FL Zip 32130 Country Volusia	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, THOMAS W. 5010 PENVAN AVE. DELEON SPRINGS, FL 32130		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	CD REYNOLDS, THOMAS W. 5010 PENVAN AVENUE DE LEON SPRINGS, FL 32130	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, JAMES F., SR. COLUMBIA COURT SEVILLE, FL 32190	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWILLIAMS-HOLLOWAY, ADRIAN 100 BANTRY DR LAKE MARY, FL 32746	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Adrian McWilliams 1584 Travertine Terrace Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWILLIAMS, DORIS J. 449 E. BERLIN STREET DE LEON SPRINGS, FL 32130	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOREMAN, GENEVIEWE COLUMBIA COURT SEVILLE, FL 32190	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		7/17/08 321.202.6743 <small>Date Daytime Phone #</small>	