2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N13373

Entity Name: MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, DELEON SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

3939 REYNOLDS RD
DE LEON SPRINGS, FL 32130

New Principal Place of Business:

393 REYNOLDS RD
DE LEON SPRINGS, FL 32130

Current Mailing Address:

P.O. BOX 1064
DE LEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 85-8012680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, THOMAS W.
5010 PENVAN AVE.
DELEON SPRINGS, FL 32130 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: CD ( ) Delete
Name: REYNOLDS, THOMAS W.,
Address: 5010 PENVAN AVENUE
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D ( ) Delete
Name: FOREMAN, JAMES F., S, R.
Address: COLUMBIA COURT
City-St-Zip: SEVILLE, FL 32190

Title: D ( ) Delete
Name: MCWILLIAMS, ADRIAN
Address: 1584 TRAVERTINE TERRACE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: MCWILLIAMS, DORIS J.,
Address: 449 E. BERLIN STREET
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: T ( ) Delete
Name: FOREMAN, GENEVIEWE
Address: COLUMBIA COURT
City-St-Zip: SEVILLE, FL 32190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ARVINGER, VERA,
Address: 1854 WILSON STREET
City-St-Zip: SEVILLE, FL 32190

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: BENJAMIN F SMITH REV. 02/17/2009

Electronic Signature of Signing Officer or Director — Date