

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13373

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

393 REYNOLDS RD  
DE LEON SPRINGS, FL 32130

**New Principal Place of Business:**

**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 (X)**

**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: D  
Name: REYNOLDS,, THOMAS W  
Address: 5010 PENVAN AVENUE  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D  
Name: GAINES, ALONZO  
Address: P.O. BOX 718  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D  
Name: MCWILLIAMS, DORIS J  
Address: 449 E. BERLIN STREET P.O. BOX 541  
City-St-Zip: DE LEON SPRINGS, FL 32130

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: DORIS MCWILLIAMS

D

03/28/2011

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

\_\_\_\_\_  
Date