


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90105 032 \*\*\*\*61.25

<b>DOCUMENT # N41396</b> 1. Entity Name <b>MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, INC., OF MULBERRY, FLORIDA</b>					
Principal Place of Business <b>117 S.W. 4TH AVENUE MULBERRY, FL 33860-3036</b>				Mailing Address <b>117 S.W. 4TH AVENUE MULBERRY, FL 33860-3036</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302005    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>59-2561250</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COTTON, I.E. DR. 216 N.W. 4TH AVENUE MULBERRY, FL 33860-3036</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	REV.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTON, I.E. DR		NAME	Raymond C. STALLWORTH	
STREET ADDRESS	216 N.W. 4TH AVENUE		STREET ADDRESS	1140 MARKSTOWN LANE	
CITY - ST - ZIP	MULBERRY, FL 33860		CITY - ST - ZIP	LAKELAND, FL 33811	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHEL, FRANK R		NAME		
STREET ADDRESS	806 3RD ST., SE		STREET ADDRESS		
CITY - ST - ZIP	MULBERRY, FL 33860		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, INEZ H		NAME		
STREET ADDRESS	217 6TH AVE., NW		STREET ADDRESS		
CITY - ST - ZIP	MULBERRY, FL 33860		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, VIRGINIA		NAME		
STREET ADDRESS	2580 WILLOW WOOD DR.		STREET ADDRESS		
CITY - ST - ZIP	MULBERRY, FL 33860		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		
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Raymond C. STALLWORTH</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #
				4-10-05	407-739-0809