



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

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| DOCUMENT # N41396 1. Entity Name MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, INC., OF MULBERRY, FLORIDA |  |
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| Principal Place of Business 117 S.W. 4TH AVENUE MULBERRY, FL 33860-3036 | Mailing Address 117 S.W. 4TH AVENUE MULBERRY, FL 33860-3036 |
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2561250 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent STALLWORTH, RAYMOND C 117 SW 4TH AVE MULBERRY, FL 33860 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | REV STALLWORTH, RAYMOND C 1140 MARKSTOWN LANE LAKELAND, FL 33811 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SACHEL, FRANK R 806 3RD ST., SE MULBERRY, FL 33860 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BROWN, INEZ H 217 6TH AVE., NW MULBERRY, FL 33860 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST SACHEL, BRENDA B 806 SE 3RD STREET MULBERRY, FL 33860 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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05/01/08-80035-014 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Brenda B. Satchel / Brenda B. Satchel 4/15/08 (863) 425-3143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #