

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719489

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC9636945415**

**Entity Name:** MT. ZION AFRICAN METHODIST EPISCOPAL CHURCH OF DAYTONA BEACH, INC.

**Current Principal Place of Business:**

449 S. MARTIN LUTHER KING JR., BLVD.  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

449 S. MARTIN LUTHER KING JR., BLVD.  
DAYTONA BEACH, FL 32114

**FEI Number: 59-3483109**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONNELLY, DAVID LREV  
449 S. DR. M.L. KING JR. BLVD  
DAYTONA BEACH, FL 32114 US

*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

**Officer/Director Detail :**

Title P  
Name CONNELLY, DAVID LREV  
Address 449 S. DR. M. L. KING BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title V  
Name CRUSE, TOM  
Address 601 MADISON AVE  
City-State-Zip: DAYTONA BEACH FL 32114

Title S  
Name WILEY, JEROME  
Address 321 CEDAR STREET  
City-State-Zip: DAYTONA BCH FL 32114

Title D  
Name HAWKINS, SUE  
Address 1241 CADILLAC DR  
City-State-Zip: DAYTONA BEACH FL 32114

Title D  
Name ADAMS, MATTIE  
Address 748 WESTMORELAND ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title D  
Name JOHNSON, JOAN  
Address 244 N KEECH ST  
City-State-Zip: DAYTONA BEACH FL 32114

*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: REV DAVID L CONNELLY**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date