

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764252

Entity Name: MT. ZION NEW CONGREGATIONAL METHODIST CHURCH, INC.

FILED
Feb 18, 2019
Secretary of State
5348876212CC

Current Principal Place of Business:

14670 SR 121 N.
MACCLENNY, FL 32063

Current Mailing Address:

P.O. BOX 297
MACCLENNY, FL 32063

FEI Number: 59-3011355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALONEY, FRANK E., JR.
5 W. MACCLENNY AVE
MACCLENNY, FL 32063 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 PD
Name CHESHIRE, TIM
Address 5575 HUCKLEBERRY TRAIL N.
City-State-Zip: MACCLENNY FL 32063

Title ST
Name DAVIS, WANDA
Address 8378 CLAUDE HARVEY ROAD
City-State-Zip: GLEN ST MARY FL 32040

Title D
Name DAVIS, V. PETE
Address 8378 CLAUDE HARVEY ROAD
City-State-Zip: GLEN ST MARY FL 32040

Title D
Name GORE, POLLY
Address 1128 COPPER GATE
City-State-Zip: MACCLENNY FL 32063

Title TRUSTEE
Name LOWERY, MARY L
Address 521 LINDA STREET
City-State-Zip: MACCLENNY FL 32063

Title TRUSTEE
Name KIRKLAND, JAMES
Address RIVER CIRCLE
City-State-Zip: MACCLENNY FL 32063

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: WANDA DAVIS

SECRETARY

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date