

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764252

Entity Name: MT. ZION CHURCH, INC**Current Principal Place of Business:**14670 SR 121 N.
MACCLENLY, FL 32063**Current Mailing Address:**P.O. BOX 297
MACCLENLY, FL 32063**FEI Number:** 59-3011355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALONEY, FRANK E., JR.
5 W. MACCLENLY AVE
MACCLENLY, 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 ST
Name DAVIS, WANDA
Address 8394 CLAUDE HARVEY ROAD
City-State-Zip: GLEN ST MARY FL 32040

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

Title PRESIDENT
Name CARTER, THOMAS
Address 5575 HUCKLEBERRY TRAIL N.
City-State-Zip: MACCLENLY FL 32063

Title TRUSTEE
Name SANDOVAL, GARY
Address 5765 CR23D
City-State-Zip: GLEN ST MARY FL 32040

Title TRUSTEE
Name DAVIS, V. PETE
Address 8394 CLAUDE HARVEY ROAD
City-State-Zip: GLEN ST MARY FL 32040

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

Title TRUSTEE
Name ROSS, CHARLES
Address 566 TIMBERLANE
City-State-Zip: MACCLENLY 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****01/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date