

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764252

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

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC1634344270**

**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 RENEAU, REGINA  
Address P.O. BOX 824  
City-State-Zip: GLEN ST MARY FL 32040

Title TRUSTEE  
Name LOWERY, MARY L  
Address 521 LINDA STREET  
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**

**01/13/2017**

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

\_\_\_\_\_  
Date