

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764252

Entity Name: MT. ZION NEW CONGREGATIONAL METHODIST CHURCH, INC.**Current Principal Place of Business:**14670 SR 121 N.
MACCLENNEY, FL 32063**Current Mailing Address:**P.O. BOX 297
MACCLENNEY, FL 32063**FEI Number:** 59-3011355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALONEY, FRANK E., JR.
5 W. MACCLENNEY AVE
MACCLENNEY, 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:	MACCLENNEY FL 32063

Title	D
Name	DAVIS, V. PETE
Address	PO BOX 125
City-State-Zip:	SANDERSON FL 32087

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

Title	ST
Name	DAVIS, WANDA
Address	P.O. BOX 125
City-State-Zip:	SANDERSON FL 32087

Title	D
Name	CREWS, TERRY
Address	10150 JARED & SARAH'S PLACE
City-State-Zip:	SANDERSON FL 32040

Title	D
Name	HARRIS, MARY
Address	169 N LOWDER STREET
City-State-Zip:	MACCLENNEY 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****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date