Current Prin 232 E. HAL MC AVON PARK, 1			210357	71841CC
Current Mai	ling Address:			
	MCRAE BLVD K, FL 33825 US			
FEI Number: 65-0436473			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
RICH, ANTOIN 3542 EVELYN LAKE WALES,	RD			
The above name				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	Florida.
	e entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	Florida. 04/29/2024
		stered office or regis	tered agent, or both, in the State of F	
	E: ANTOINETTE M RICH Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	04/29/2024
SIGNATURE	E: ANTOINETTE M RICH Electronic Signature of Registered Agent	Title	tered agent, or both, in the State of F	04/29/2024
SIGNATURE Officer/Dire	ANTOINETTE M RICH Electronic Signature of Registered Agent ctor Detail :			04/29/2024
SIGNATURE Officer/Dire	E: ANTOINETTE M RICH Electronic Signature of Registered Agent Ctor Detail : P	Title	D	04/29/2024
SIGNATURE Officer/Dire Title Name Address	E: ANTOINETTE M RICH Electronic Signature of Registered Agent Ctor Detail : P FLEMING, ERNEST	Title Name Address	D WILLIAMS, MICHELLE	04/29/2024
SIGNATURE Officer/Dire Title Name Address	E: ANTOINETTE M RICH Electronic Signature of Registered Agent Ctor Detail : P FLEMING, ERNEST 205 JOE HILTON ST	Title Name Address	D WILLIAMS, MICHELLE 29 PALM CIRCLE	04/29/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: ANTOINETTE M RICH Electronic Signature of Registered Agent Ctor Detail : P FLEMING, ERNEST 205 JOE HILTON ST AVON PARK FL 33825	Title Name Address	D WILLIAMS, MICHELLE 29 PALM CIRCLE	04/29/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: ANTOINETTE M RICH Electronic Signature of Registered Agent Ctor Detail : P FLEMING, ERNEST 205 JOE HILTON ST AVON PARK FL 33825 SECRETARY	Title Name Address	D WILLIAMS, MICHELLE 29 PALM CIRCLE	04/29/2024

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: ANTOINETTE RICH

SECRETARY

04/29/2024

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N06000001814

Entity Name: MT. ZION CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

FILED Apr 29, 2024 Secretary of State 2103571841CC

Date