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: REV. CHARLES TABB

MELROSE FL 32185

Electronic Signature of Signing Officer/Director Detail

City-State-Zip:

I

DOCUMENT# N13000005719

Entity Name: MT ZION AFRICAN METHODIST EPISCOPAL ZION INC

Current Principal Place of Business:

150 PUTNAM LOOP RD MELROSE, FL 32185

Current Mailing Address:

PO BOX 34 MELROSE, FL 32185

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

RICHARDSON, MINNIE 10 LAKE RD MELROSE, FL 32185 US

SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** Title Title D D Name **RICHARDSON, MINNIE** Name LONG, VERDELL REV Address PO BOX 34 Address PO BOX 34 City-State-Zip: MELROSE FL 32185 City-State-Zip: MELROSE FL 32185 Title D TABB, CHARLES REV Name 150 PUTNAM LOOP RD Address

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.

Certificate of Status Desired: Yes

FILED Apr 10, 2016 Secretary of State CC5196357524

04/10/2016

Date

Date

PASTOR