I hereby certify that the information indicated on this report or supplemental report is true and		
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to	o execute this report as required by Chapter 617, Fior	ida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: REV CHARLES TABB	Р	04/30/2022

SIGNATURE: REV CHARLES TABB

Electronic Signature of Signing Officer/Director Detail

nging its registered office or reg stered agent, or both, in the State of Florida. e purpose of cha

#### SIGNATURE:

С Т Name Name TABB, CHARLES REV RICHARDSON, MINNIE PO BOX 34 Address

	Electronic Signature of Registered Agent						
Officer/Director Detail :							
Title	D	Title	D				
Name	RICHARDSON MINNIE	Name	TABB CHARLES REV				

The above named entit	y submits this statement	for the purpose	of changing it	s registered office	or registered agent.	or both,	in the State of	of Florida

# Name and Address of Current Registered Agent:

RICHARDSON, MINNIE 10 LAKE RD MELROSE, FL 32185 US

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### 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**

City-State-Zip: MELROSE FL 32185

150 PUTNAM LOOP RD Address City-State-Zip: MELROSE FL 32185

Certificate of Status Desired: Yes

### FILED Apr 30, 2022 Secretary of State 4982913108CC

Date

Date