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.	

ΡE

SIGNATURE: REV CHARLES TABB

Electronic Signature of Signing Officer/Director Detail

### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	D	Title	D
Name	RICHARDSON, MINNIE	Name	TABB, CHARLES REV
Address	PO BOX 34	Address	150 PUTNAM LOOP RD
City-State-Zip:	MELROSE FL 32185	City-State-Zip:	MELROSE FL 32185

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.

# MELROSE, FL 32185

**Current Principal Place of Business:** 

## **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

#### DOCUMENT# N13000005719

#### 150 PUTNAM LOOP RD

Entity Name: MT ZION AFRICAN METHODIST EPISCOPAL ZION INC

#### Certificate of Status Desired: No

04/30/2021

Date

FILED Apr 30, 2021 Secretary of State 8892915289CC

Date