

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005032

**FILED  
Jul 10, 2018  
Secretary of State  
CC2949361398**

**Entity Name:** MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH OF PANAMA CITY, FL

**Current Principal Place of Business:**

1510 LOUISIANA AVENUE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

1510 LOUISIANA AVENUE  
PANAMA CITY, FL 32405

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RHONE, DAVID SR.  
1504 CLAY AVENUE  
PANAMA CITY, FL 32405 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 P  
Name RHONE, DAVID SR  
Address 1504 CLAY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title S/T  
Name HOLLAND, ARLETHA  
Address 1510 LOUISIANA AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title D  
Name RHONE, RUTH  
Address 1504 CLAY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title VP  
Name ROBBINS, EDNA  
Address 1802 FLOWER AVENUE, APT. C-18  
City-State-Zip: PANAMA CITY FL 32405

*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: DAVID RHONE, SR.**

**PASTOR**

**07/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date