


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90022 040 ****61.25

DOCUMENT # N0400000826

1. Entity Name
MOUNT SION - THE CITY OF THE LIVING GOD, INC.



Principal Place of Business
17631 NW 15 COURT
MIAMI GARDENS, FL 33056

Mailing Address
17631 NW 15 COURT
MIAMI GARDENS, FL 33056

2. Principal Place of Business
830 NW 184 DR

3. Mailing Address
830 NW 184 DR NE

Suite, Apt. #, etc.

City & State
MIAMI FL


City & State
MIAMI

Zip
33169

Country
USA

6. Name and Address of Current Registered Agent

COLLIER, ALLEN
17631 NW 15 COURT
MIAMI GARDENS, FL 33056



09012006 Chg-NP CR2E037 (4/06)

4. FEI Number
77-0622093

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLIER, ALLEN	
STREET ADDRESS	17631 NW 15 COURT	
CITY-ST-ZIP	MIAMI GARDENS, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURROWS, DARYL	
STREET ADDRESS	POST OFFICE BOX 551933	
CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALLEN, LILLIAN	
STREET ADDRESS	8741 NW AVENUE-ROAD	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JOVAN	
STREET ADDRESS	1550 W 121 STREET	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	COLLIER, JAMES R JR.	
STREET ADDRESS	8551 NW 23 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAINER, DOROTHY	
STREET ADDRESS	2012 NW 84 STREET	
CITY-ST-ZIP	MIAMI, FL 33147	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen G. Collier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____