

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000826

FILED
Jun 30, 2007
Secretary of State

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

Current Principal Place of Business:

830 NW 184TH DR
MIAMI, FL 33169

New Principal Place of Business:

8741 NW 34TH AVENUE ROAD
MIAMI, FL 33147 US

Current Mailing Address:

830 NW 184TH DR
MIAMI, FL 33169

New Mailing Address:

8741 NW 34TH AVENUE ROAD
MIAMI, FL 33147 US

FEI Number: 77-0622093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLIER, ALLEN
Address: 17631 NW 15 COURT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: BURROWS, DARYL
Address: POST OFFICE BOX 551933
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VPD () Delete
Name: ALLEN, LILLIAN
Address: 8741 NW AVENUE-ROAD
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: MONTGOMERY, JOVAN
Address: 1550 W 121 STREET
City-St-Zip: MIAMI, FL 33167

Title: ASD () Delete
Name: COLLIER, JAMES R JR.
Address: 8551 NW 23 AVENUE
City-St-Zip: PEMBROKE PINES, FL

Title: TD () Delete
Name: GAINER, DOROTHY
Address: 2012 NW 84 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ALLEN, LILLIAN
Address: 8741 NW 34TH AVENUE-ROAD
City-St-Zip: MIAMI, FL 33147 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLEN COLLIER

PD

06/30/2007

Electronic Signature of Signing Officer or Director

_____ Date