


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N09902**

1. Entity Name  
**MOUNT ZION APOSTOLIC FAITH CHURCH, INC.**



Principal Place of Business      Mailing Address

**% MRS. WASHINGTON**      **P.O. BOX 10476**  
**4911 AUSTRALIAN AVE**      **RIVIERA BCH, FL 33419 US**  
**MAGNOLIA PARK, FL 33407**

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2612323</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**WASHINGTON, CHARLES SR.**  
**8781 N BATES RD**  
**PALM BEACH GARDENS, FL 33418**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WASHINGTON, CHARLES W. 8781 N BATES RD PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WASHINGTON, GEORGIA ANN 8781 N BATES RD PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD STARKS, RUTH 1633 DOUGLAS AVENUE W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BLUNTSON, LULA 922 30TH COURT W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GILL, SHIRLEY 734 PALM STREET W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000165365  
 07/12/04-80010-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerers.

**SIGNATURE: Georgia Washington** *Georgia Washington* **Vice President** *7/6/04* **(561) 848-9135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_