

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N09902

Entity Name: MOUNT ZION APOSTOLIC FAITH CHURCH, INC.

Current Principal Place of Business:

New Principal Place of Business:

% MRS. WASHINGTON
4911 AUSTRALIAN AVE
MAGNOLIA PARK, FL 33407

Current Mailing Address:

New Mailing Address:

P.O. BOX 10476
RIVIERA BCH., FL 33419 US

FEI Number: 59-2612323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WASHINGTON, CHARLES, W.
Address: 8781 N BATES RD
City-St-Zip: PALM BEACH GARDENS, FL

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

Title: VD () Delete
Name: WASHINGTON, GEORGIA, ANN
Address: 8781 N BATES RD
City-St-Zip: PALM BEACH GARDENS, FL

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

Title: VD () Delete
Name: STARKS, RUTH,
Address: 1633 DOUGLAS AVENUE
City-St-Zip: W. PALM BEACH, FL

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

Title: SD () Delete
Name: BLUNTSON, LULA,
Address: 922 30TH COURT
City-St-Zip: W. PALM BEACH, FL

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

Title: TD () Delete
Name: GILL, SHIRLEY,
Address: 734 PALM STREET
City-St-Zip: W. PALM BEACH, FL

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGIA WASHINGTON

VD

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date