2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N09902

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

MOUNT ZION APOSTOLIC FAITH CHURCH, INC.



FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90195 030 ****70.00

Principal Place of E			- WE THE				
% MRS. WASHINGTO 4911 AUSTRALIAN A MAGNOLIA PARK FL	ON NVE	Mailing Address P.O. BOX 10476 RIVIERA BCH, FL 33419 US			BIID 1860 BEKE KEN OLEH AL	III BATU BUTA SE	1/ 8/9 1/ 1 8 0/
2. Principal Place	of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		СН	ECK HERE IF MAKING	3 CHANGES	
City & State		City & State		4. FEI Number 59-2	612323	 	oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired	\$8.75 Add	
6.	Name and Address of Current	Registered Agent		7. Name and Addres	s of New Registered	Agent	
			Name				_]
WASHINGTON, CHARLES SR. 8781 N BATES RD			Street Address (P.O. Box Number is Not Acceptable)				
PALM BEACH	GARDENS FL 33418						
			City	<u> </u>	FL	Zip Cod	e
	ed entity submits this statement for	the purpose of changing its r	egistered office or regis	stered agent, or both, in the	State of Florida. I am	familiar with,	and accept
the obligations of	of registered agent.						
SIGNATURE Signat	ture, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE		——
							
FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	Make Chec Florida Depai			
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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)(i), 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.

STREET ADDRESS

CITY-ST-ZIP