

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09902

Entity Name: MOUNT ZION APOSTOLIC FAITH CHURCH, INC.

Current Principal Place of Business:

4911 AUSTRALIAN AVE
MAGNOLIA PARK, FL 33407

Current Mailing Address:

P.O. BOX 530397
LAKE PARK, FL 33403 US

FEI Number: 59-2612323

Certificate of Status Desired: No

Name and Address of Current 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

Officer/Director Detail :

Title PRES
Name WASHINGTON, CHARLES W.
Address 8781 N BATES RD
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP
Name WASHINGTON, GEORGIA ANN
Address 8781 N BATES RD
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY, TREASUER
Name FREEMAN, CAROLYN J
Address 561 SOUTH WEST LAKOTA AVE
City-State-Zip: PORT ST LUCIE FL 34953

Title DIR
Name BLUNTSON, LULA M
Address 2010 NORMANDY CIRCLE
City-State-Zip: WEST PALM BEACH FL 33409

Title DIR
Name GILL, SHIRLEY
Address 451 SW DOREEN STREET
City-State-Zip: PORT ST. LUCIE FL 34983

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN FREEMAN

SECRETARY

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date