

**2023 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:** Yes**Name and Address of Current Registered Agent:**WASHINGTON, GEORGIA ANN  
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:** WASHINGTON GEORGIA ANN

04/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP, SECRETARY  
Name WASHINGTON, KIMBERLY  
Address 4911 AUSTRALIAN AVE  
City-State-Zip: MANGONIA PARK FL 33407

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

Title DIRECTOR  
Name TAYLOR, MAVERICK  
Address 2325 SEMINOLE BLVD  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR  
Name HYDE, LORNA M  
Address 217 HAWTHORNE DR  
City-State-Zip: LAKE PARK FL 33403

Title DIRECTOR  
Name WASHINGTON, CHARLES  
Address 4907 AUSTRALIAN AVE  
City-State-Zip: MANGONIA PARK FL 33407

Title DIRECTOR  
Name POWELL, EMMA  
Address 606 49TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** KIMBERLY WASHINGTON

VP

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date