

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90018 011 ****70.00

DOCUMENT # 700737

1. Entity Name

MT. ZION PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business

3700 22ND AVENUE SOUTH
ST. PETERSBURG FL 33711

Mailing Address

3700 22ND AVENUE SOUTH
ST. PETERSBURG FL 33711

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1513493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

JOHNSON, ALBERT L
435 - 25TH AVENUE SOUTH
SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PC ☒ Delete
NAME JOHNSON, ALBERT
STREET ADDRESS 4535 - 25TH AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE VC ☐ Delete
NAME SMITH, JANICE A
STREET ADDRESS 2835 - SECOND AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE D ☐ Delete
NAME BRANCH, ROSEMARY
STREET ADDRESS P.O. BOX 13728 N/A
CITY-ST-ZIP ST. PETERBURG FL 33733

TITLE TD ☐ Delete
NAME CLOUDEN, ANGELA R
STREET ADDRESS 6200 CANTON STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE D ☐ Delete
NAME PARHAM, ROBERT
STREET ADDRESS 4025 FAIRFIELD AVE SQ.
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE S ☐ Delete
NAME SPEIGHTS, OPHELIA
STREET ADDRESS 1824-56TH PL S. #D
CITY-ST-ZIP ST. PETERSBURG FL 33712

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☒ Change ☐ Addition
NAME RIGGINS, KEITH B.
STREET ADDRESS 2835-64TH AVE SO
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE PC ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Rosemary Branch* Rosemary Branch

08-08-04 (727) 893-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #