FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Mount Zion Developments, Inc.

Principal Place of Business

Mailing Address

Mount Zion Development, Inc. 301 NW 9th Street Miami, Florida 33136

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90051 027 ****61.25

2. Principal Pl	ace of Business 2a. Mailing Address	2a. Mailing Address			3. Date Incorporated or Qualifed		
21	26	1			09/07/1965		
Suite, Apt.	#, etc. Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22	27				23-7178152 Not Applicable		
City & State	e City & State	City & State			5. Certificate of Status Desired 5. Certificate of Status Desired		
23	28				Fee Required		
Zip	Country Zip		ountry		6. Election Campaign Financing \$5.00 May Be		
24	25 29 30		l,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
Ralph M. Ross							
	301 NW 9th Street	1821 Street		St	Address (P.O. Box Number is Not Acceptable)		
	Miami, Florida 33136	5 83		_			
	Miami, Fiorida 33130	11da 33130					
			84	Ci	City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503. Florida Statutes.							
agent. I am familiar with, and accept the obligations of Section 647.9503. Florida Statutes.							
SIGNATURE Signature proof or pricised refine of recisistered agent and title it applicable. NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed rieme of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS	13		n sign	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12. TITLE	DELETE	_	TITLE		Thelma Pasley Change K Addition		
	Ralph M. Ross, President		NAME		215 NW 10th Street #116		
NAME	301 NW 9th Street			r a DO	DORESS Miami, Florida 33136		
STREET ADDRESS	Miami, Florida 33136						
CITY-ST-ZIP	DELETE	_	CITY-ST	1-211	Myrtis Simmons ☐ Change ☑ Addition		
TITLE	James D. McQueen, Vice Pre				850 NW 4th Avenue #8		
NAME	•						
STREET ADDRESS	301 NW 9th		2.3 STREET		· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	Miami, Florida 33136	_	3.1 IIILE		The state of the s		
TITLE		1	3.2 NAME		Samuel Henderson		
NAME	Sharlene Ross, Secretary		3.3 STREET ADDRESS		1135 NW 2nd Avenue #6		
STREET ADDRESS	301 NW 9th Street				Miami, Florida 33130		
CITY-ST-ZIP	Miami, Florida 33136 ☐ DELETE		3.4. CITY-ST- 4.1 TITLE		Robert Reddick Change Addition		
TITLE	Charlie Williams	ŀ	4.1 III.E.		Robert Reddick		
NAMÉ		301 NW Oth Stroot			2951 NW 157th Street		
STREET ADDRESS	Miami, Florida 33136				Miami, Florida 33054		
CITY-ST-ZIP	□ DELETE		CITY-ST	1-212	Change Addition		
TITLE	Victor Coopers greasurers		NAME		Miles C. Jennings, Jr.		
NAME	301 NW 9th Street			ΓADD	DDRESS C. Dellillings, Dr.		
STREET ADDRESS	Miami, Florida 33136		CITY-ST		3471 Oak Avenue Miami E123123		
CITY-ST-ZIP	DELETE		6.1 TITLE		☐ Change ☐ Addition		
i	Leonardo Starks, Attorney	6.2	6.2 NAME				
NAME	301 NW 9th Street		6.3 STREET		ODRESS		
STREET ADDRESS	Minmi Florida 22126		64 CITY-ST				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

IG OFFICER OR DIRECTOR