## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # 709553** 1. Entity Name 05-04-2005 90143 003 \*\*\*\*61.25 MT. ZION DEVELOPMENTS, INC. Principal Place of Business Mailing Address 301 N.W. 9TH STREET MIAMI FL 33136 301 N.W. 9TH STREET MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 23-7178152 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, RALPH M Street Address (P.O. Box Number is Not Acceptable) 301 N.W. 9TH STREET **MIAMI FL 33136** Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Defete TITLE Change ☐ Addition ROSS, RALPH M NAME NAME 301 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33136 CITY-ST-7IP CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition MCQUEEN, JAMES 301 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33136 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE y Change ☐ Addition <del>\$9₽₹¥#\$₹₩</del>₩₩ NAME NAME Gail Tucker 301 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS 301 NW 9th Street MIAM! FL 33136 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition WILLIAMS, CHARLIE NAME NAME 301 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33136 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MITCHELL, CARL NAME NAME 301 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33136 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MCKINNEY, ROBERT ATTY. NAME NAME 301 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33136 CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #