

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

FILED

Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 729940

1. Entity Name

MT. ZION CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

521 S. BOOKER ST.
CRESTVIEW FL 32536
US

Mailing Address

807 W. GRIFFIN ST.
CRESTVIEW FL 32536
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3039626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, UZZIAH
802 W. GRIFFITH AVE.
CRESTVIEW FL 32536

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMAS, UZZIAH	
STREET ADDRESS	802 W. GRIFFITH AVE.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THREATS, ANNIE	
STREET ADDRESS	1231 ROOSEVELT ST.	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMONS, MAHALIA	
STREET ADDRESS	5804 JACK STOKES RD.	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALSON, ABRAHAM, JR.	
STREET ADDRESS	225 1/2 S. LINCOLN ST.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(3)(f), 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:

Uzziah Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #