


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90034 039 ****61.25

DOCUMENT # 729940

1. Entity Name
 MT. ZION CHURCH OF THE LIVING GOD, INC.



Principal Place of Business Mailing Address

521 S. BOOKER ST
 CRESTVIEW FL 32536
 US

807 W. GRIFFIN ST.
 CRESTVIEW FL 32536
 US



2. Principal Place of Business 3. Mailing Address

MT. ZION Church 807 W. Griffith Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

Crestview Fl. Crestview Fl.

Zip Country Zip Country

32536 - Okaloosa 32536 Okaloosa

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	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
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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 exemptions contained in Section 119, 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*

2/21/06