


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90028 030 \*\*\*\*61.25

DOCUMENT # 729940					
1. Entity Name MT. ZION CHURCH OF THE LIVING GOD, INC.					
Principal Place of Business MT. ZION CHURCH CRESTVIEW, FL 32536 US		Mailing Address 807 W. GRIFFIN AVE CRESTVIEW, FL 32536 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 398 Bess Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Crestview, FL		4. FEI Number 59-3039626	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32536		Country		01212007 Chg-NP CR2E037 (12/06)	
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: Waylon Bess Street Address (P.O. Box Number is Not Acceptable): 398 Bess Av City: Crestview FL Zip Code: 32536		
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: <i>Waylon Bess</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating)		DATE: 3/25/07
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, UZZIAH		NAME	Bess, Waylon	
STREET ADDRESS	802 W. GRIFFITH AVE.		STREET ADDRESS	398 Bess Av	
CITY-ST-ZIP	CRESTVIEW, FL		CITY-ST-ZIP	Crestview FL 32536	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THREATS, ANNIE		NAME	Bess, Brenda	
STREET ADDRESS	1231 ROOSEVELT ST.		STREET ADDRESS	398 Bess Av	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP	Crestview FL 32536	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMONS, MAHALIA		NAME	McGee, Gill	
STREET ADDRESS	5804 JACK STOKES RD.		STREET ADDRESS	Martin Luther King Jr	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP	Crestview FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALSON, ABRAHAM, JR.		NAME		
STREET ADDRESS	225 1/2 S. LINCOLN ST.		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Waylon Bess</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/25/07 <small>Date</small>		850 682 5540 <small>Daytime Phone #</small>