

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90014 013 \*\*\*\*61.25



<b>DOCUMENT # 729940</b>				1. Entity Name <b>MT. ZION CHURCH OF THE LIVING GOD, INC.</b>			
Principal Place of Business <b>MT. ZION CHURCH CRESTVIEW, FL 32536 US</b>		Mailing Address <b>398 BESS AVENUE CRESTVIEW, FL 32536 US</b>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02182008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-3039626</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BESS, WAYLON                  398 BESS AVE                  CRESTVIEW, FL 32536</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 reinstating) _____ DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BESS, WAYLON		NAME				
STREET ADDRESS	398 BESS AVE		STREET ADDRESS				
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BESS, BRENDA		NAME				
STREET ADDRESS	398 BESS AVE		STREET ADDRESS				
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SIMONS, MAHALIA		NAME				
STREET ADDRESS	5804 JACK STOKES RD.		STREET ADDRESS				
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP				
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGEE, GILL		NAME				
STREET ADDRESS	MARTIN LUTHER KING JR		STREET ADDRESS				
CITY-ST-ZIP	CRESTVIEW, FL 32536		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>			Date: <i>3/28/08</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				