

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # 738278 1. Entity Name THE HISTORIC MOUNT ZION MISSIONARY BAPTIST CHURCH, INCORPORATED	
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Principal Place of Business 301 N.W. 9TH ST. MIAMI, FL 33136-3315 US	Mailing Address 301 N.W. 9TH ST. MIAMI, FL 33136-3315 US
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04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0799910	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

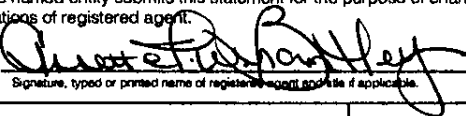
6. Name and Address of Current Registered Agent

**BRANTLEY, ANNETTE T.W.
301 N.W. 9TH ST.
MIAMI, FL 33136**

**DO NOT WRITE
IN THIS SPACE**

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)

May 1, 2006
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

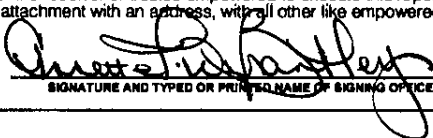
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, INELL 301 N.W. 9TH ST. MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANTLEY, ANNETTE W 301 NW 9TH STREET MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROGERS, LINDA 301 NW 9TH STREET MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, WALTER 301 N.W. 9TH ST. MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, LUCILE 301 NW 9TH ST. MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKE, VANESSA 301 NW 9TH ST. MIAMI, FL 33136

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05/20/06-80135-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2006

Date

Daytime Phone #