FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

OCHMENT #

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90070 001 ****61.25

1. Corporation Name					ł		
,	OUNT ZION MISSIONARY B	APTIST CHURCH, INC.					
Principal Place of Business Mailing Address							
221 NW 8TH AVE 221 NW 8TH AVE P.O.BOX 1606 P.O.BOX 1606							
P.O.BOX 1606 P.O.B]	14811 51811 51811 8 18	## \$18 ## 1 58 #
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	<u> </u>						
	Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 10/04/1978		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apr	olied For
					05-0044604	 	Applicable
City & Stat	City & State City & State				E Continue (Out of Continue)	\$8.75 A	
23		28			5. Certificate of Status Desired	Fee Red	quired
Zip			Country		6. Election Campaign Financing	\$5.00	
24	25 29 30				Trust Fund Contribution	Added to	Fees :
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registers	a Agent	
				1			
FULLWOOD, WILBUR			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
205 N.E. 7TH AVENUE BOYNTON BEACH FL 33435			83				
BUTHTUP	N BEAUTI FL 33435		<u> </u>			- 10= 1 3:- C	
			84	City	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the above	e-named corp	oration submits this statement for the purpose	of changing its	registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	or Florida. Such change was au tions of, Section 617.0503, Flori	tnonzed by da Statutes	the corporation.	on's board of directors. I hereby accept the app	oommineur as tea	Jistered
SIGNATURE	•				· · · · · · · · · · · · · · · · · · ·		
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agen	it signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	STD	DELETE	1.1 TITLE			Change	Addition
NAME	JOHNSON, MARGARÉT		1.2 NAME	-			
STREET ADDRESS	l'and alter and amore		1.3 STREET	TADDRESS			-
CITY-ST-ZIP	DOUBTON BELON EI		1,4 CITY-ST	T-ZIP	·		
TILE	VD □ DELETE 2.1		2.1 TITLE			Change	☐ Addition
NAME	COLLIFO, LEGINARD		2.2 NAME	-			
STREET ADDRESS	out the other		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		. Change	Addition
TITLE			3.1 TITLE			L1 change	☐ variation
NAME	PERKINS, J.W.	•	3.2 NAME	ANDDESC	. •		
STREET ADDRESS	7357 SO WILLOWSPRING CIR. LANTANA FL 33462		3.3 STREET	1			
CITY-ST-ZIP	LANTANA FL 33402	☐ DELETE	3.4. CITY-S 4.1 TITLE	71-21		Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET	TADDRESS			
C/TY-ST-ZIP			4.4 CITY- S	T- ZIP			
TITLE		☐ DELETE	5.1 TILE	7 -		Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ì			-
CITY-ST-ZIP			5.4 CITY-ST 6.1 TITLE	T-ZIP		Change	Addition
TITLE		☐ DELETE	6.2 NAME		·	Cicusude	☐ varinou
NAME		•	6.3 STREET	ADDRESS	•	•	
STREET ADDRESS	:		6.4 CITY-ST	- 1			
CITY-ST-ZIP	<u> </u>		0.4 0111-0		Cortion 110 07(2)(i) Elegida Statutos I further	- 116 - 41 4 Al 3-	- fa

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.