

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 744499



1. Entity Name

MT. ZION PRIMITIVE BAPTIST CHURCH OF MOUNT
DORA, FLORIDA, INC.

Principal Place of Business
OLD HWY 441 SOUTH
MOUNT DORA FL 32757
US

Mailing Address
6602 OLD HWY 441 SOUTH
MOUNT DORA FL 32757
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABBS, BEULAH T.
6602 OLD HWY 441 SOUTH
MOUNT DORA, FL 32757

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME BABBS, BEULAH T. ☐ Delete
STREET ADDRESS 6602 OLD HWY 441 SOUTH
CITY-ST-ZIP MOUNT DORA FL

TITLE VD
NAME TORRENCE, BOBBY J. ☐ Delete
STREET ADDRESS 6602 OLD HWY 441 SOUTH
CITY-ST-ZIP MOUNT DORA FL

TITLE SD
NAME TORRENCE, BESSIE ☐ Delete
STREET ADDRESS 6602 OLD HWY 441 SOUTH
CITY-ST-ZIP MT DORA FL

TITLE TD
NAME NIMMONS, DOROTHY ☐ Delete
STREET ADDRESS 2106 PINE AVE.
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000035933
CITY-ST-ZIP 02/06/04-80037-015 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Beulah T. Babbs BEULAH T. BABBS

Feb. 3, 2004 (352) 383-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #