

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90089 045 ****61.25

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

40020001



1st MOORE CR2E037 (10/04)

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VD TORRENCE, EDWARD ☐ Change ☐ Addition
NAME 168 JALARANDA ST-HAWTHORNE
STREET ADDRESS LEESBURG, FL.
CITY-ST-ZIP

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

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

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

TITLE TD ☐ Change ☐ Addition
NAME ORR, ROSHONEE
STREET ADDRESS 1403 ORANGE ST.
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 2/24/05 3523835177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #