2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744499

FILED Mar 18, 2009 Secretary of State

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

Current P	Principal Place of Business:	New Principal Place of Business:
	/ 441 SOUTH OORA, FL 32757 US	
Current N	Mailing Address:	New Mailing Address:
	HWY 441 SOUTH DORA, FL 32757 US	
FEI Number	r: FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	: Name and Address of New Registered Agent:
	SEULAH T. DHWY 441 SOUTH DORA,, FL 32757 US	
The above		New Mailing Address: Der Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
III tilo Otati	e oi Fiorida.	
SIGNATUI		
		Agent Date
SIGNATUI	RE:	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT
SIGNATUI	RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete BABBS, BEULAH T., 6602 OLD HWY 441 SOUTH	· ·
SIGNATUI OFFICER: Title: Name: Address:	RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete BABBS, BEULAH T., 6602 OLD HWY 441 SOUTH MOUNT DORA, FL VD () Delete TORRENCE, EDWARD 168 JALARANDA ST NAWTHONE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
SIGNATUI OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete BABBS, BEULAH T., 6602 OLD HWY 441 SOUTH MOUNT DORA, FL VD () Delete TORRENCE, EDWARD 168 JALARANDA ST NAWTHONE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEAULAH BABBS PD 03/18/2009