

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746948

FILED
Jul 28, 2008
Secretary of State

Entity Name: MT. ZION MISSIONARY BAPTIST CHURCH OF WEST PALM BEACH, FLORIDA, INC.

Current Principal Place of Business:

1120 HENRIETTA AVENUE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10823
RIVIERA BEACH, FL 334190823

New Mailing Address:

PO BOX 2156
WEST PALM BEACH, FL 33402 US

FEI Number: 65-0052314 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACK, BARBARA
100 SWAN PKWY W.
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CLK () Delete
Name: BLACK, BARBARA
Address: 100 SWAN PKWY W.
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: TD () Delete
Name: HUDSON, DWIGHT
Address: 1368 N MANGONIA DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TR () Delete
Name: WILLIAMS, JOY
Address: 719 EXECUTIVE CTR. DR
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: CLK () Delete
Name: EDWARDS, CHERYL
Address: 3615 WEDGEWOOD PLAZA DR.
City-St-Zip: RIVIERA BEACH, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FRANCINA WEATHERSBE, E
Address: 1550 WEST 12TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: TR (X) Change () Addition
Name: KAVANA WILLIAMS,
Address: 4527 OAK TERRAVE
City-St-Zip: GREEN ACRES, FL 33463 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA M. BLACK

CHR

07/28/2008

Electronic Signature of Signing Officer or Director

Date