

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746948

FILED
Apr 07, 2009
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 2156
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 65-0052314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: FRANCINA WEATHERSBE, E
Address: 1550 WEST 12TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

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

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

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

CLK

04/07/2009

Electronic Signature of Signing Officer or Director

Date