


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 761609</b> 1. Entity Name MT. ZION BIBLE CHURCH OF PENSACOLA, INC.	
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Principal Place of Business % JEFF POLLARD 2603 WEST WRIGHT STREET PENSACOLA, FL 32505	Mailing Address % JEFF POLLARD 2603 WEST WRIGHT STREET PENSACOLA, FL 32505
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2965131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

POLLARD, JEFF  
2603 WEST WRIGHT STREET  
PENSACOLA, FL 33505

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLLARD, JEFF 2603 WEST WRIGHT ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, COLBY 6820 DEVONSHIRE CIR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRAKES, STEVEN 2603 W WRIGHT ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARNLEY, DAVID 6612 LEEPARD RD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000598725  
01/24/07-80087-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **STEVEN FRAKES** 850  
1/16/07 438-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #