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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State
03-29-1999 90037 023 ****61.25

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DOCUMENT # 769492

1. Corporation Name

MOUNT ZION HUMAN SERVICES, INC.

Principal Place of Business	Mailing Address
955 20TH STREET SOUTH 955 20TH STREET SOUTH ST. PETERSBURG FL 33712 US	955 20TH STREET SOUTH 955 20TH STREET SOUTH ST PETERSBURG FL 33712-9351 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 945 20TH STREET SOUTH	26 945 20TH STREET SOUTH	07/20/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2308721 ☐ Applied For ☐ Not Applicable
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33712 Country 25 USA	Zip 29 33712 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARRETT, WILKINS 1601 62ND AVE. SO. ST. PETERSBURG FL 33712	81 Name WILLIE C. CARTER 82 Street Address (P.O. Box Number is Not Acceptable) 1907 25TH STREET SOUTH 83 84 City ST. PETERSBURG FL 85 Zip 33712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Willie C. Carter WILLIE C. CARTER DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GARRETT, WILKINS 1601 62ND AVE. SO. ST. PETERSBURG FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, ROSETTA 3632 EMERSON AVE. SO. ST PETERSBURG FL 33711	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T/D BROWN, ROSETTA 3632 EMERSON AVENUE SOUTH ST. PETERSBURG, FL 33711	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC JONES, VICKIE 704 63RD AVE. SO. ST PETERSBURG FL 33705	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	C/P/D JONES, VICKI J. 704 63RD AVENUE SOUTH ST. PETERSBURG, FL 33705	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VC/VP/D CARTER, WILLIE C. 1907 25TH STREET SOUTH ST. PETERSBURG, FL 33712	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D RIVERS, ED 111 8TH AVENUE NORTH, SUITE 1W ST. PETERSBURG, FL 33701	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D STEVENS, THOMAS 2621 COVE CAY DRIVE, NO. 902 CLEARWATER, FL 34620	☐ Change XX ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki J. Jones **REQUIRED** VICKI J. JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)