# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 27, 2002 8:00 am**
**Secretary of State**
02-27-2002 90013 012 ****70.00

DOCUMENT # 769492

1. Entity Name

MOUNT ZION HUMAN SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 945 20TH STREET SOUTH<br>ST. PETERSBURG FL 33712 | 945 20TH STREET SOUTH<br>ST. PETERSBURG FL 33712<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2308721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STEVEN, THOMAS<br>2621 COVE CAY DR<br>#902<br>CLEARWATER FL 34620 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>STEVENS, THOMAS<br>2621 COVE CAY DR., NO. 902<br>CLEARWATER FL 34620 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>BROWN, ROSETTA<br>3632 EMERSON AVE. SO.<br>ST PETERSBURG FL 33711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLEY, LEONARD<br>4310 MT. L. KING ST S.<br>ST PETERSBURG FL 33705 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RIVERS, ED<br>3131 MELTON ST NORTH<br>SAINT PETERSBURG FL 33705 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAWSON, WILLIE<br>546 MADISON ST S.<br>SAINT PETERSBURG FL 33711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SNEAD, FANNIE<br>2319 41ST ST SOUTH<br>SAINT PETERSBURG FL 33711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Fannie Wilkerson<br>6419 30th Street South<br>St. Petersburg, FL 33712 | ☒ Change ☐ Addition |

CR2E037 (9/01)

12. 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 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:** Thomas Stevens SIGNATURE REQUIRED