

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769492

FILED
Jul 05, 2006
Secretary of State

Entity Name: MOUNT ZION HUMAN SERVICES, INC.

Current Principal Place of Business:

945 20TH STREET SOUTH
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

945 20TH STREET SOUTH
ST. PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 59-2308721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

NEWSOME, LARRY
6798 CROSSWINDS DR N, #A-101
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

NEWSOME, LARRY
6538 FIRST AVENUE NORTH
SAINT PETERSBURG, FL 33710 US

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: _____

07/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: BRONSON, JERELENE
Address: 1601 61ST AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: STD () Delete
Name: BROWN, ROSETTA
Address: 1024-20TH ST S.
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: COLEY, LEONARD
Address: 4310 MT. L. KING ST S.
City-St-Zip: ST PETERSBURG, FL 33705

Title: D () Delete
Name: RIVERS, ED
Address: 3131 MELTON ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: DAWSON, WILLIE
Address: 546 MADISON ST S.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: T () Delete
Name: WILKERSON, FANNIE
Address: 6419 30TH ST. S.
City-St-Zip: SAINT PETERSBURG, FL 33712

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
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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 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: ROSETTA BROWN

STD

07/05/2006

Electronic Signature of Signing Officer or Director

Date