


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State


05-21-2007 90054 047 *****70.00

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| DOCUMENT # 769492 |  |
| 1. Entity Name MOUNT ZION HUMAN SERVICES, INC. | |

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| Principal Place of Business 945 20TH STREET SOUTH ST. PETERSBURG, FL 33712 US | Mailing Address 945 20TH STREET SOUTH ST. PETERSBURG, FL 33712 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

40117004



05162007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-2308721 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent NEWSOME, LARRY 6538 FIRST AVENUE NORTH SAINT PETERSBURG, FL 33710 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| Filing Fee is \$61.25 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS BRONSON, JERELENE 1601 61ST AVENUE SOUTH ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BROWN, ROSETTA 1024-20TH ST S. SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, FRANK 2593 GOMAZ WAY S ST. PETERSBURG, FL 33712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLEY, LEONARD 4310 MT. L. KING ST S. ST PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOOKER, PENNY 1520 - 19TH AVENUE SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIVERS, ED 3131 MELTON ST NORTH SAINT PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARNEGIE, PATRICK 2311 2ND AVENUE EAST BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAWSON, WILLIE 546 MADISON ST S. SAINT PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, VERNELL 1907 - 25TH STREET SOUTH ST. PETERSBURG, FL 33712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILKERSON, FANNIE 6419 30TH ST. S. SAINT PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REDDICK, ADRIENNE 1223 - 13TH AVENUE SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *Rosetta Brown* **5/1/07**

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