2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 769492

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)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
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: MILLER, FRANK
Address: 2593 GOMAZ WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D ( ) Delete
Name: CARNEGIE, PATRICK
Address: 2311 2ND AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete
Name: CARTER, VERNELL
Address: 1907- 25TH STREET SOUTH
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
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 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 04/30/2009
Electronic Signature of Signing Officer or Director Date