2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90209 017 ****70.00

DOCUMENT # 769492

1. Entity Name
MOUNT ZION HUMAN SERVICES, INC.

Principal Place of Business	Mailing Address
945 20TH STREET SOUTH ST. PETERSBURG FL 33712 US	945 20TH STREET SOUTH ST. PETERSBURG FL 33712 US

X CHECK HERE IF MAKING CHANGES

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 X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEVEN, THOMAS
2621 COVE CAY DR
#902
CLEARWATER FL 34620

7. Name and Address of New Registered Agent

Name Larry Newsome
Street Address (P.O. Box Number is Not Acceptable) 6798 CROSSWINDS DR N - # A-101
City St Petersburg FL Zip Code 33710

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 X Larry Newsome 2-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C STEVENS, THOMAS 2621 COVE CAY DR., NO. 902 CLEARWATER FL 34620	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LINDA Feighery 14802 N DALE MABRY, #333 TAMPA FL 33618 — ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, ROSETTA ~~3630 EMERSON AVE. SO.~~ 1024 - 20th St. So. ST PETERSBURG FL ~~33711~~ 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK Miller 2593 Gomez Way South St. Petersburg, Fl. 33712 — ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEY, LEONARD 4310 MT. L. KING ST S. ST PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. Nichelle Threadgil 6035 Lanshire Drive ~~St. Petersburg, Fl.~~ Tampa, FL 33634 — ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERS, ED 3131 MELTON ST NORTH SAINT PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWSON, WILLIE 546 MADISON ST S. SAINT PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILKERSON, FANNIE 6419 30TH ST. S. SAINT PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: X SIGNATURE REQUIRED 2-11-03
OFFICER OR DIRECTOR Date Daytime Phone #