

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004262

FILED
Apr 06, 2009
Secretary of State

Entity Name: MOUNT ZION APOSTOLIC CHURCH OF JESUS CHRIST HEALING & DELIVERANCE MINISTRY
SHILOH JAMAICA INCORPORATED

Current Principal Place of Business:

LOT 155, WHITE HOUSE BLVD
WHITE HOUSING SCHEME, EWARTON P.O
CATHERINE, JAMAICA, OC

New Principal Place of Business:

LOT 155, WHITE HOUSE BLVD
WHITE HOUSING SCHEME, EWARTON P.O
CATHERINE, JAMAICA, JA JAMAICA OC

Current Mailing Address:

LOT 155, WHITE HOUSE BLVD
WHITE HOUSING SCHEME, EWARTON P.O
CATHERINE, JAMAICA, OC

New Mailing Address:

LOT 155, WHITE HOUSE BLVD
WHITE HOUSING SCHEME, EWARTON P.O
CATHERINE, JAMAICA, JA JAMAICA OC

FEI Number: 98-0437901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSYTHE, MATTHEW
177 CHICORY AVENUE NE
PALM BAY, FL 32907 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: D () Delete
Name: PARKES, PATISCIA
Address: LOT 155, WHITE HOUSE BLVD
City-St-Zip: CATHERINE, JAMAICA, OC

Title: VC () Delete
Name: FORSYTHE, DENISE
Address: 731 DELMONICO ST NE
City-St-Zip: PALM BAY, FL 32907 OC

Title: D () Delete
Name: FORSYTHE, METTHEW
Address: 177 CHICORY AVE. NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: DOUGLAS, NIKKEISHA
Address: 1191 WALDEN BLVD SE
City-St-Zip: PALM BAY, FL 32909

Title: P () Delete
Name: SALOME, BRENDON
Address: 126 WELLINGTON AVE
City-St-Zip: MICKLETON MEADOWS, LINSTAD, OC

Title: V () Delete
Name: HENRY, CLEVON
Address: 126 WELLINGTON AVE
City-St-Zip: MICKLETON MEADOWS, LINSTAD, OC

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:

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: MATTHEW FORSYTHE

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date