

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006101

FILED
Apr 25, 2005
Secretary of State

Entity Name: MT. ZION NEW COVENANT MINISTRIES INC.

Current Principal Place of Business:

4635 30TH AVENUE
VERO BEACH,, FL 32967 US

New Principal Place of Business:

1787 OLD DIXIE HIGHWAY
VERO BEACH,, FL 32960 US

Current Mailing Address:

P O BOX 2791
VERO BEACH,, FL 32961 US

New Mailing Address:

FEI Number: 65-1131529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MAMIE
4635 30TH AVENUE
VERO BEACH,, FL 32967 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: WILLIAMS, MAMIE
Address: 4626 38TH AVE
City-St-Zip: VERO BEACH,, FL 32967

Title: DT () Delete
Name: CLIETT, GENELL
Address: 4786 35TH AVE.
City-St-Zip: VERO BEACH,, FL 32967

Title: DS () Delete
Name: BROWN, SHERRY
Address: 1485 24TH PL. S.W.
City-St-Zip: VERO BEACH,, FL 32962

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAMIE WILLIAMS

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date