


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000000591	
1. Entity Name MT. ZION MISSIONARY BAPTIST CHURCH OF MIDWAY, INC.	

Principal Place of Business 2001 SIPES AVE SANFORD, FL 32771	Mailing Address 2001 SIPES AVE SANFORD, FL 32771
--	--



02212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3574104	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent  MCPHERSON, ERNEST 408 SAN CARLOS AVE. SANFORD, FL 32771
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP WILLIAMS, W. FRANK 2551 BYRD AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC PERRY, JOHNNY 1221 RANDOLPH ST. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC MCPHERSON, ERNEST 480 SAN CARLOS AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JAN SR 205 TERRY LN SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, WILLIE 3150 HUGHEY AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, THOMAS C 2200 GREENWAY ST SANFORD, FL 32771

000000544993  
05/11/06-80060-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** W. Frank Williams 4-24-06 407.829-0161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #