

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90344 015 ****70.00

DOCUMENT # N02000000591					
1. Entity Name MT. ZION MISSIONARY BAPTIST CHURCH OF MIDWAY, INC.					
Principal Place of Business 2001 SIPES AVE SANFORD, FL 32771			Mailing Address 2551 BYRD AVENUE SANFORD, FL 32771		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3574104	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCPHERSON, ERNEST 408 SAN CARLOS AVE. SANFORD, FL 32771			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 TP NAME WILLIAMS, W. FRANK STREET ADDRESS 2551 BYRD AVE CITY-ST-ZIP SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE D NAME SAMUEL ADAMS SR STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TC NAME PERRY, JOHNNY STREET ADDRESS 1221 RANDOLPH ST. CITY-ST-ZIP SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TC NAME MCPHERSON, ERNEST STREET ADDRESS 480 SAN CARLOS AVE CITY-ST-ZIP SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HENRY, JAN SR STREET ADDRESS 205 TERRY LN CITY-ST-ZIP SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STEVENS, WILLIE STREET ADDRESS 3150 HUGHEY AVE CITY-ST-ZIP SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TAYLOR, THOMAS C STREET ADDRESS 2200 GREENWAY ST CITY-ST-ZIP SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Deloris V. Williams</i>			Deloris V. Williams April 24, 2008 407-865-1051		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		