

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-13-2004 90008 039 ****61.25

DOCUMENT # N02000001318

1. Entity Name
MT. ZION LIFE CENTER, INC.



Principal Place of Business
449 SO. DR. MLK JR. BLVD.
DAYTONA BCH, FL 32114

Mailing Address
449 SO. DR. MLK JR. BLVD.
DAYTONA BCH, FL 32114

9/1



07262004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3483109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WASHINGTON, LEROY JR.
449 SO. DR. MLK JR. BLVD.
DAYTONA BCH, FL 32114

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME WASHINGTON, LEROY JR.
STREET ADDRESS 449 SO. DR. MLK JR. BLVD.
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE D
NAME HAWKINS, SUE
STREET ADDRESS 1241 CADILLAC DR.
CITY-ST-ZIP DAYTONA BCH, FL 32117

TITLE D
NAME BERRY, PAUL
STREET ADDRESS P. O. BOX 6181
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Handwritten Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

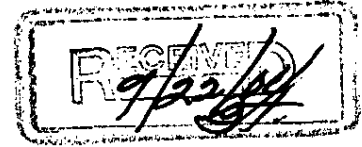
Daytime Phone #



Attachment
66431199

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State



September 15, 2004

MT. ZION LIFE CENTER, INC.
449 SO. DR. MLK JR. BLVD.
DAYTONA BCH, FL 32114

Subject: MT. ZION LIFE CENTER, INC.

Reference Number: N02000001318

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION