

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001318

FILED
Mar 24, 2009
Secretary of State

Entity Name: MT. ZION LIFE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3483109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASSITER, WALTER J REV
449 SO. DR. MLK JR. BLVD.
DAYTONA BCH, FL 32114 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: LASSITER, WALTER J REV
Address: 449 SO. DR. MLK JR. BLVD.
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: NELSON, HARRIETTE
Address: 1200 BEVILLE ROAD APT 36
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: CRUSE, TOM
Address: 601 MADISON AVE
City-St-Zip: DAYTONA BCH, FL 32114

Title: S () Delete
Name: JOHNSON, JOAN
Address: 244 N KEECH STREET
City-St-Zip: DAYTONA BEAH, FL 32114

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:

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: JOAN JOHNSON

S

03/24/2009

Electronic Signature of Signing Officer or Director

Date