## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # N0300004741  1. Entity Name FIRST MOUNT ZION MISSIONARY BAPTIST CHURCH, INC.						. 1	03-10-2005 90148 027 ****61.25				
Principal Place of Business Mailing Address 9030 CENTURY BLVD P.O. BOX 12 CENTURY, FL 32535 CENTURY, FL 32535							_				
2. Principal F	ling Address	Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01072005	Chg-NP	CR2E03	37 (10/03)		
City & State		City & State				4. FEI Number 56-24160	961		_ <del>                                    </del>	oplied For	
Zip	Country	Zip	)	Cou	intry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	ditional	
	6. Name and Address of Curr	rent Registere	ed Agent			7. Name and Ac	dress of New	Registered /	Agent		
NAME LIAMS	MAILLIAMS MASHINGTON S				Name	1210-18	Dog m	cer			
WILLIAMS, WASHINGTON S   9030 CENTURY BLVD						ess (P.O. Box Number is	s Not Accenta		-		
CENTURY	/, FL 32535				703	so Centur	g Blu	<del>-</del>			
					رو ک	ntum -					
					City			FL	Zip Cod <b>3-2.5</b>	e	
8. The above	e named entity submits this stateme	nt for the purp	ose of changing its	registere	L ad office or reg	gistered agent, or both,	in the State of		familiar with.	and accept	
the obliga	tions of registered agent.				·						
	Charles a	1.00					2	1 00	_		
SIGNATURE	with a.	year	ΛΟ				ۍ.	-6-05			
		agent and little if ann	dicable (NOTE	Registere	d Ament signature re	soured when reinstation)		DATE			
	Signature, typed or printed name of registered a	agent and litte if app				equired when reinstating)		DATE	k pavable t	0	
	Signature, typed or printed name of registered : Filling Fee is \$61.25 Due by May 1, 2005		9. Election Cam Trust Fund C	paign F	inancing	\$5.00 May Be Added to Fees		Make check orida Depar	tment of S	tate	
10.	Signature, typed or printed name of registered : Filling Fee is \$61.25 Due by May 1, 2005  OFFICERS AND		Election Cam     Trust Fund C	paign F ontributi	inancing ion.	<u> </u>		orida Depar CERS AND DII	tment of S	tate	
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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 and accurate and that my signature shall have the same legal effect as if made under oath that I am an diffect or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/05

850-256-2023