

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000004741

1. Entity Name
**FIRST MOUNT ZION MISSIONARY BAPTIST CHURCH,
INC.**



Principal Place of Business

**9030 CENTURY BLVD
CENTURY, FL 32535**

Mailing Address

**P.O. BOX 12
CENTURY, FL 32535**



02112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2416061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPENCER, CHARLES E
9030 CENTURY BLVD
CENTURY, FL 32535**

**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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000834435
02/28/08-80053-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRIS, JOHN E
STREET ADDRESS	P.O. BOX 12
CITY-ST-ZIP	CENTURY, FL 32535
TITLE	D
NAME	SPENCER, CHARLES E
STREET ADDRESS	P.O. BOX 12
CITY-ST-ZIP	CENTURY, FL 32535
TITLE	D
NAME	COOK, WILLIE C
STREET ADDRESS	P.O. BOX 12
CITY-ST-ZIP	CENTURY, FL 32535
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2008
Date

850-256-2023
Daytime Phone #