## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004741

FILED Jan 29, 2009 Secretary of State

Entity Name: FIRST MOUNT ZION MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1121 22ND ST SOUTH 9030 N. CENTURY BLVD ST. PETERSBURG, FL 33712 CENTURY, FL 32535

Current Mailing Address: New Mailing Address:

P.O. BOX 12 CENTURY, FL 32535

FEI Number: 56-2416061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPENCER, CHARLES E DEAN, LILLIAN L
9030 CENTURY BLVD
CENTURY, FL 32535 US DEAN, LILLIAN L
9030 CENTURY BLVD
CENTURY, FL 32535 US

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: LILLIAN L. DEAN 01/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 HARRIS, JOHN E
 Name:
 CARTER, LOUELLA

 Address:
 P.O. BOX 12
 Address:
 P.O. BOX 12

 City-St-Zip:
 CENTURY, FL 32535
 City-St-Zip:
 CENTURY, FL 32535

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 SPENCER, CHARLES E
 Name:
 COOK, WILLIE C

 Address:
 P.O. BOX 12
 Address:
 P.O. BOX 12

 City-St-Zip:
 CENTURY, FL 32535
 City-St-Zip:
 CENTURY, FL 32535

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 COOK, WILLIE C
 Name:

 Address:
 P.O. BOX 12
 Address:

 City-St-Zip:
 CENTURY, FL 32535
 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: LOUELLA CARTER D 01/29/2009