

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 MAR 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 84-05



02102005 REIN-NP CR2E099 (6/04)

DOCUMENT # N03000006640					
1. Entity Name MT. ZION CHRISTIAN CHURCH (DISCIPLES OF CHRIST) INC.					
Principal Place of Business 40301 15TH AVENUE SOUTH ST. PETERSBURG, FL 33711			Mailing Address 40301 15TH AVENUE SOUTH ST. PETERSBURG, FL 33711		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2977067	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREENEY, LAVONIA 40301 15TH AVENUE SOUTH ST. PETERSBURG, FL 33711			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREENEY, LAVONIA		NAME		
STREET ADDRESS	945 24TH AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZGERALD, JAMES		NAME		
STREET ADDRESS	3118 OAKLEY AVE.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAW, ROSA		NAME		
STREET ADDRESS	JOHNNY MACK PLACE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	Chair Person	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	monica M Perry		NAME		
STREET ADDRESS	6011 65th Ave South		STREET ADDRESS		
CITY-ST-ZIP	St Petersburg FL 33705		CITY-ST-ZIP		
TITLE	Trustees	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Diana L Perkins		NAME		
STREET ADDRESS	1739 16th Ave South		STREET ADDRESS		
CITY-ST-ZIP	St Petersburg FL 33712		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Monica Perry</u> <u>2-16-05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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