

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90241 012 \*\*\*\*61.25

**DOCUMENT # N03000006640**

1. Entity Name

**MT. ZION CHRISTIAN CHURCH (DISCIPLES OF  
CHRIST) INC.**



Principal Place of Business

**4030 15TH AVE S  
ST. PETERSBURG FL 33711**

Mailing Address

**4030 15TH AVE S  
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

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2977067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **D FREENEY, LAVONIA**  
STREET ADDRESS **945 24TH AVE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☒ Delete  
NAME **C PERRY, MONICA M CHAIRP**  
STREET ADDRESS **611 62TH AVE S.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☒ Delete  
NAME **D LAW, ROSA**  
STREET ADDRESS **JOHNNY MACK PLACE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☒ Delete  
NAME **T PERKINS, DIANA L TRUSTEE**  
STREET ADDRESS **1739 16TH AVE S**  
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME *Run of Bill Smith*  
STREET ADDRESS *1147 17th Ave S*  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Cilla Brown*  
STREET ADDRESS *3901 Hawthorne Way SE*  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Alvin Wickard*  
STREET ADDRESS *861 51st Ave S*  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #