

# 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**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**FREENEY, LAVONIA  
 40301 15TH AVENUE SOUTH  
 ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	FREENEY, LAVONIA	945 24TH AVE SOUTH	ST. PETERSBURG FL 33705	<input checked="" type="checkbox"/>
C	PERRY, MONICA M CHAIRP	611 62TH AVE S.	ST. PETERSBURG FL 33705	<input checked="" type="checkbox"/>
D	LAW, ROSA	JOHNNY MACK PLACE	ST. PETERSBURG FL 33712	<input checked="" type="checkbox"/>
T	PERKINS, DIANA L TRUSTEE	1739 16TH AVE S	ST PETERSBURG FL 33712	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<i>Rita Smith</i>	<i>1147 17th Ave S</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Cilla Brown</i>	<i>2901 Hawthorne Way SE</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Alvin Wickard</i>	<i>861 5101 Ave S</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #