


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90018 025 ****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 - No P.O. Box 4030 15th Ave S St. Pete City & State FL Zip 33711 Country Panama		3. Mailing Address State, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent BROWN, CILLA 2901 IVANHOE WAY SO ST. PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name Cilla Brown Street Address (P.O. Box Number is Not Acceptable) 2901 Ivanhoe way so City St. Pete FL 33705	
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 <u>Cilla Brown</u> DATE <u>3-12-08</u>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BROWN, CILLA 2901 CANHOE WAY SO ST. PETERSBURG FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hughes, Shameka 3733 15th Ave. S St. Petersburg FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, WILLIE 4601 11 AVENUE SO ST PETERSBURG FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITCHARD, ALBERT C 220 49TH ST NO ST PETERSBURG FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAINION, CARRIE 4665 19TH AVENUE SO ST PETERSBURG FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <u>Cilla Brown</u>		Date <u>1-30-08</u>	