2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000007717

1. Entity Name
MOUNT ZION FULL GOSPEL BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
9605 COUNTY ROAD 44 LEESBURG, FL 34788	9605 COUNTY ROAD 44 LEESBURG, FL 34788

02212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
13-4283825
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, LOIS
9605 COUNTY ROAD 44
LEESBURG, FL 34788

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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 Lois Hines Lois Hines 2/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HINES, CHARLOTTE MINISTR
STREET ADDRESS	9605 COUNTY ROAD 44
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	T
NAME	BISBEE, MATTIE MAE
STREET ADDRESS	3600 RADIO RD
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	T
NAME	HINES, TIMOTHY DEACON
STREET ADDRESS	9825 COUNTY RD 44
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	T
NAME	BLUNT, ALPHONSO DEACON
STREET ADDRESS	10835 TOOK ST
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	T
NAME	MILLER, PEARL
STREET ADDRESS	9735 VARIETY TREE RD
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	T
NAME	SISTRUNK, JANICE
STREET ADDRESS	9835 VARIETY TREE RD
CITY-ST-ZIP	LEESBURG, FL 34788

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03/01/05-80004-007 61.25

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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: Charlotte Hines 2-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #