


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N03000007717	
1. Entity Name MOUNT ZION FULL GOSPEL BAPTIST CHURCH INC.	

Principal Place of Business 9605 COUNTY ROAD 44 LEESBURG, FL 34788	Mailing Address 9605 COUNTY ROAD 44 LEESBURG, FL 34788
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03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-4283825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 <i>Lois Hines</i> <i>Lois Hines</i> <i>Lois Hines</i>	DATE <i>4-9-07</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINES, CHARLOTTE MINISTR 9605 COUNTY ROAD 44 LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLUNT, ROSALIND 10835 TOOKS ST. LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINES, TIMOTHY DEACON 9825 COUNTY RD 44 LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLUNT, ALPHONSO DEACON 10835 TOOK ST LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, PEARL 9735 VARIETY TREE RD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SISTRUNK, JANICE 9835 VARIETY TREE RD LEESBURG, FL 34788

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04/20/07-80113-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Lois Hines</i> <i>Lois Hines</i>	DATE <i>4-9-07</i> (352) 787-2638
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	