


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**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	



04102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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	<b>DO NOT WRITE IN THIS SPACE</b>
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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, Registered Agent. Lois Hines 4 - -2008  
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, 2008**

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

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

**DO NOT WRITE IN THIS SPACE**

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: Charlotte Hines Charlotte Hines 4/11/08 (352) 617-8042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #