

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007717

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOUNT ZION FULL GOSPEL BAPTIST CHURCH INC.

Current Principal Place of Business:

9605 COUNTY ROAD 44
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

9605 COUNTY ROAD 44
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 13-4283825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, LOIS
9605 COUNTY ROAD 44
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HINES, CHARLOTTE MINISTR
Address: 9605 COUNTY ROAD 44
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: BLUNT, ROSALIND
Address: 10835 TOOKS ST.
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: HINES, TIMOTHY DEACON
Address: 9825 COUNTY RD 44
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: BLUNT, ALPHONSO DEACON
Address: 10835 TOOK ST
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: MILLER, PEARL
Address: 9735 VARIETY TREE RD
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: SISTRUNK, JANICE
Address: 9835 VARIETY TREE RD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE HINES

PT

04/29/2009

Electronic Signature of Signing Officer or Director

Date