

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001672

FILED
Feb 22, 2006
Secretary of State

Entity Name: MOUNT ZION COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1615 MARTIN LUTHER KING AVE
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 26-2582290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAYSON, VERDELL
1615 MARTIN LUTHER KING AVE
WAUCHULA, FL 33873 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: P () Delete
Name: FAYSON, VERDELL
Address: P.O. BOX 2225
City-St-Zip: WAUCHULA, FL 33873

Title: T () Delete
Name: WHITE, BARRY
Address: P.O. BOX 2661
City-St-Zip: WAUCHULA, FL 33873

Title: S () Delete
Name: CORBETT, JOHN
Address: 504 SOUTH RD
City-St-Zip: WAUCHULA, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: VERDELL FAYSON

P

02/22/2006

Electronic Signature of Signing Officer or Director

Date