2007 NOT-FOR-PROFIT CORPORATION

Mar 22, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N04000008058 03-22-2007 90013 046 ****61.25 MOUNT ZION EVANGELICAL CHURCH OF MIAMI, INC. ~~~~/3/J Principal Place of Business Mailing Address 610 NW 18 AVE. 610 NW 18 AVE. APT. 3 APT. 3 MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Chq-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 90-0181897 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUDIER, NAZARIO** 610 NW 18 AVE. Street Address (P.O. Box Number is Not Acceptable) APT. 3 MIAMI, FL 33125 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delele TITLE TITLE ☐ Change ☐ Addition HODGSON, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 291 NE 47TH STREET MIAMI, FL 33137 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete THILE Change ☐ Addition NAME MORALES, ALVARO NAME 15420 SW 75TH CIR LN APT 105 STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition DOWNS, SARA NAME NAME 1871 W. 62ND STREET APT, 103 STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TULE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE THE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

Delete

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-7IP HTLE

STREET ADDRESS

CITY-ST-ZIP

□ Change

☐ Addition

FILED