

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 15, 2008
Secretary of State

DOCUMENT# N04000008058

Entity Name: MOUNT ZION EVANGELICAL CHURCH OF MIAMI, INC.**Current Principal Place of Business:**610 NW 18 AVE.
APT. 3
MIAMI, FL 33125**New Principal Place of Business:**2616 NW 21 TERRACE
MIAMI, FL 33142**Current Mailing Address:**610 NW 18 AVE.
APT. 3
MIAMI, FL 33125**New Mailing Address:**3175 WEST 72 TERRACE
HIALEAH, FL 33018**FEI Number:** 90-0181897**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUDIER, NAZARIO
610 NW 18 AVE.
APT. 3
MIAMI, FL 33125 US**Name and Address of New Registered Agent:**DOWNS, JOEL
3175 WEST 72 TERRACE
HIALEAH, FL 33018 US

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: JOEL DOWNS

12/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: HODGSON, JOSEPH
Address: 291 NE 47TH STREET
City-St-Zip: MIAMI, FL 33137**Title:** D () Delete
Name: DAVID, DANIELS
Address: 291 NE 47TH STREET
City-St-Zip: MIAMI, FL 33137**Title:** D () Delete
Name: DOWNS, SARA
Address: 1871 W. 62ND STREET APT. 103
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P(D) (X) Change () Addition
Name: DOWNS, SARA
Address: 1871 W. 62ND STREET APT. 103
City-St-Zip: HIALEAH, FL 33012

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: SARA DOWNS

PRES

12/15/2008

Electronic Signature of Signing Officer or Director

Date