


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001922	
1. Entity Name THE MT. ZION MISSIONARY BAPTIST CHURCH, INC OF FT. PIERCE, FLORIDA	

Principal Place of Business 1720 N. 19TH ST FT. PIERCE, FL 34950	Mailing Address 4380 N.W. 11TH STREET LAUDERHILL, FL 33313
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02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 83-0421065	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 MEADOWS, MATTHEW J SR. 4380 N.W. 11TH STREET LAUDERHILL, FL 33313	DO NOT WRITE IN THIS SPACE
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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 *Matthew J Meadows* 3/9/07
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D JOHNSON, LOUISE M 3206 KENTUCKY AVENUE FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY ST ZIP	D MEADOWS, MATTHEW J SR 4380 N.W. 11TH STREET LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY ST ZIP	D MEADOWS, FELICIA Y 4410 N.W. 13TH COURT LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY ST ZIP	D MEADOWS, CHARLEY M 4380 N.W. 11TH STREET LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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IN THIS SPACE**

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03/27/07-80006-013 61.25

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: *Matthew J Meadows Sr.* 3/9/07 (954) 303-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #