

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001922

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



FILED

2008 MAR -5 PM 4: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
83-0421065

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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	

100120811461  
03/20/08--01016--005 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #