

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004273

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** MOUNT ZION BIBLE WAY CHURCH OF THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH INC.

**Current Principal Place of Business:**

P. O. BOX 1057  
FAIRFIELD, FL 32634

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1057  
FAIRFIELD, FL 32634

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351      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: PD                      ( ) Delete  
Name: BROWN, VINCENT L  
Address: P. O. BOX 1057  
City-St-Zip: FAIRFIELD, FL 32634

Title: VD                      ( ) Delete  
Name: BROWN, EMELINE A  
Address: P. O. BOX 1057  
City-St-Zip: FAIRFIELD, FL 32634

Title: D                      ( ) Delete  
Name: WALTERS, MIKIE  
Address: P. O. BOX 1057  
City-St-Zip: FAIRFIELD, FL 32634

Title: S                      ( ) Delete  
Name: GORDON, MELORIS  
Address: 1649 SW 5TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: T                      ( ) Delete  
Name: OSIYOKU, MONIQUA  
Address: P. O. BOX 1057  
City-St-Zip: FAIRFIELD, FL 32634

**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:

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: VINCENT L. BROWN

PD

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date