

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005317

FILED
Apr 18, 2008
Secretary of State

Entity Name: HOLY MT. ZION HEALING CENTER, INC.

Current Principal Place of Business:

765 CUMBERLAND TERRACE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

765 CUMBERLAND TERRACE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 14-1964133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKEN, HEROLIN
765 CUMBERLAND TERRACE
DAVIE, FL 33325 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: D () Delete
Name: AIKEN, HEROLIN
Address: 765 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: AIKEN, JACQUELINE
Address: 765 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

Title: TD () Delete
Name: HARRIS, EVERALD
Address: 765 CUMBERLAND TERRACE
City-St-Zip: DAVIE, FL 33325

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:

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: HEROLIN AIKEN

D

04/18/2008

Electronic Signature of Signing Officer or Director

Date