2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# N06000005317

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HEROLIN AIKEN D 05/04/2010
Electronic Signature of Signing Officer or Director Date