

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008350

FILED
Jul 18, 2007
Secretary of State

Entity Name: MOUNT ZION COMMANDMENT KEEPING CHURCH OF THE FIRSTBORN OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

1481 SEMINOLA BLVD.
CASSELBERRY, FL 32733

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2222
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 20-1348276 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

JOHNSON, RONALD E ELDER
966 LOGENBERRY TRAIL
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

JOHNSON, RONALD E ELDER
3736 ALDERGATE PLACE
CASSELBERRY, FL 32707 US

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: _____

07/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, RONALD E PASTOR
Address: POST OFFICE BOX 2222
City-St-Zip: GOLDENROD, FL 32733

Title: D () Delete
Name: ANDERSON, BILL A-PASTO
Address: 1481 SEMINOLA BLVD.
City-St-Zip: CASSELBERRY, FL 32733

Title: VD () Delete
Name: JOHNSON, WILMA J EVANGEL
Address: POST OFFICE BOX 2222
City-St-Zip: GOLDENROD, FL 32733

Title: D () Delete
Name: RICHARDSON, RUTH A P/AID
Address: 1481 SEMINOLA BLVD.
City-St-Zip: CASSELBERRY, FL 32733

Title: SD () Delete
Name: COLES, ARMANDA SISTER
Address: 24 GUM TREE COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: DAVIS, HELEN SISTER
Address: 1481 SEMINOLA BLVD.
City-St-Zip: CASSELBERRY, FL 32733

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: D (X) Change () Addition
Name: RICHARDSON, RUTH A P/AID
Address: POST OFFICE BOX 642
City-St-Zip: GOLFENROD, FL 32733

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: ELDER RONALD E. JOHNSON, PASTOR

PAST

07/18/2007

Electronic Signature of Signing Officer or Director

Date