

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2008 8:00 am
Secretary of State

05-02-2008 90172 007 ****61.25

DOCUMENT # N07000004766					
1. Entity Name MT. ZION MISSIONARY BAPTIST CHURCH OF VERO BEACH, INC.					
Principal Place of Business 4405 43RD AVENUE VERO BEACH, FL 32967			Mailing Address P. O. BOX 2787 VERO BEACH, FL 32961		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 39-2071275	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAHAM, GERALDINE 5926 57TH STREET VERO BEACH, FL 32967			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WADDELL, AL 4405 43RD AVENUE VERO BEACH, FL 32967	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUNTER, RICHARD 4276 57TH COURT VERO BEACH, FL 32967	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ABRAHAM, GERALDINE 5926 57TH STREET VERO BEACH, FL 32967	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, DAVID 4626 33RD AVENUE VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: <i>Geraldine Abraham</i> April 29, 2008				_____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					