

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004947

FILED
Apr 25, 2009
Secretary of State

Entity Name: MOUNT ZION MISSIONARY BAPTIST CHURCH OF LAUREL, INCORPORATED

Current Principal Place of Business:

719 WALLACE STREET
LAUREL, FL 34272

New Principal Place of Business:

Current Mailing Address:

7515 43RD CT EAST
SARASOTA, FL 34243

New Mailing Address:

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

Name and Address of Current Registered Agent:

TURNER, LINDA
7515 43RD CT EAST
SARASOTA, FL 34243 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: BLACK, EARL V SR
Address: 7515 43RD CT EAST
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: TURNER, LINDA
Address: 7515 43RD CT EAST
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: MARTIN, LILLI MAE
Address: 300 COLLINS RD
City-St-Zip: LAUREL, FL 34272

Title: D () Delete
Name: JENKINS, ALMA
Address: 2406 LEON ST
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: WILLIAMS, FRANCIS
Address: 707 CHURCH ST
City-St-Zip: LAUREL, FL 34272

Title: D () Delete
Name: DAVIS, BARBARA
Address: 8764 ALAM AVE
City-St-Zip: NORTHPORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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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: LINDA TURNER

RA

04/25/2009

Electronic Signature of Signing Officer or Director

Date