

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004947

FILED  
Mar 08, 2012  
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:**

719 WALLACE STREET  
LAUREL, FL 34272

**New Mailing Address:**

**FEI Number:** 85-8012634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

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

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

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

Title: D  
Name: JENKINS, ALMA  
Address: 5146 DAVID AV  
City-St-Zip: SARASOTA, FL 34234

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

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: LINDA TURNER

D

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date