2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N07000010090

Entity Name: HOLY MT. ZION CHURCH, INC.

Current Principal Place of Business:

260 W VOORHIS
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

260 W VOORHIS
DELAND, FL 32720

New Mailing Address:

FEI Number: 26-1087047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIKEN, HEROLIN H
765 CUMBERLAND TER.
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: P ( ) Delete
Name: AIKEN, HEROLIN H
Address: 765 CUMBERLAND TER.
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete
Name: AIKEN, LEO
Address: 1616 PALM AVE
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: NORRIS, THELMA
Address: 912 OAKHURST ST
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: SMELLIG, LEONARD
Address: 814 SOUTH FLORIDA ST
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: CAINE, LEON
Address: 596 LAISY DR
City-St-Zip: DELAND, FL 32724

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: ( ) 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: HEROLIN H. AIKEN P 03/22/2009

Electronic Signature of Signing Officer or Director — Date