2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Oct 06, 2008 DOCUMENT# N24966 Secretary of State

Entity Name: MT. ZION EVANGELICAL BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 6720 NE 5TH AVE MIAMI, FL 33138 US **Current Mailing Address: New Mailing Address:** P.O. BOX 202 MIAMI, FL 33168 FEI Number: 65-0510963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHERFILS, CIVILIEN CHERFILS, CIVILIEN PD 71 NW 189TH STRET 71 NW 189TH STRET MIAMI, FL 33169 MIAMI, FL 33169 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: CIVILIEN CHERFILS 10/06/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHERFILS, CIVILIEN Name: Name: 71 NW 189TH ST. Address: Address: MIAMI, FL 33169 US City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition CHERFILS, CIRIUS Name: Name: Address: 19780 NE 10TH AVE. Address: City-St-Zip: MIAMI, FL 33179 US City-St-Zip: Title: () Delete Title: () Change () Addition JOSEPH, MARIE F Name: Name: 710 NE 164TH TERR Address: Address: City-St-Zip: MIAMI, FL 33162 US City-St-Zip: Title: VS () Delete Title: (X) Change () Addition LAFLEUR, EDDLINE Name: Name: PIERRE, NICLAS VP 14828 NW 6TH CT Address: Address: 2190 NW 99TH TERR City-St-Zip: MIAMI, FL 33138 US City-St-Zip: PEMBROKE PINES, FL 33024 US Title: () Delete Title: () Change () Addition JOSEPH, CARLYLE Name: Name: 1493 NE 146TH ST. Address: Address: City-St-Zip: MIAMI, FL 33162 US City-St-Zip: Title: () Delete Title: () Change () Addition PRINCE, KELY Name: Name: Address: 6720 NE 5TH AVE Address: MIAMI, FL 33138 US City-St-Zip: 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: CIVILIEN CHERFILS PD 10/06/2008