

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N26698

1. Entity Name
**MT. ZION MISSIONARY BAPTIST CHURCH OF
POMPANO BEACH, INC.**



Principal Place of Business
**1525 NW 7TH STREET
POMPANO BEACH, FL 33069-2839 US**

Mailing Address
**1525 NW 7TH STREET
POMPANO BEACH, FL 33069-2839 US**



08252006 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0304122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, LAFAYETTE
2031 N.W. 5TH TERRACE
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000576521
09/08/06-80002-005 61.25

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, LAFAYETTE
STREET ADDRESS	2031 N.W. 5TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VP
NAME	STRIGGLES, DWELLIE
STREET ADDRESS	1600 N.W. 8TH AVENUE, APT 1
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	T
NAME	GRIFFIN, BELITA L
STREET ADDRESS	1301 SW 6TH WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	T
NAME	MAXCINE, CLARK
STREET ADDRESS	1230 N.W. 23RD AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-25-06 941-5340