

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26698

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

1525 NW 7TH STREET
POMPANO BEACH, FL 330692839 US

New Principal Place of Business:

Current Mailing Address:

1525 NW 7TH STREET
POMPANO BEACH, FL 330692839 US

New Mailing Address:

FEI Number: 65-0304122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LAFAYETTE
2031 N.W. 5TH TERRACE
POMPANO BEACH, FL 33060 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: JONES, LAFAYETTE
Address: 2031 N.W. 5TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: STRIGGLES, DWELLIE
Address: 1600 N.W. 8TH AVENUE, APT 1
City-St-Zip: FORT LAUDERDALE, FL

Title: T () Delete
Name: GRIFFIN, BELITA L
Address: 1301 SW 6TH WAY
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T () Delete
Name: MAXCINE, CLARK
Address: 1230 N.W. 23RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: LAFAYETTE JONES

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date