

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N32339

1. Entry Name

MOUNT ZION APOSTOLIC TEMPLE, INC.



Principal Place of Business

**9300 N.W. 32ND AVE.
MIAMI FL 33147
US**

Mailing Address

**3071 NW 70TH TERRACE
MIAMI FL 33147**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

62-1405097

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIDGEWATER, ELVIN S.
3071 NW 70TH TERRACE
MIAMI FL 33147**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P BRIDGEWATER, ELVIN S.**
STREET ADDRESS **3071 NW 70TH TERRACE**
CITY- ST- ZIP **MIAMI FL 33147**

☐ Change ☐ Addition
U000000347483
06/02/08-80016-014 70.00

TITLE ☐ Delete
NAME **M HINES, ALBERT**
STREET ADDRESS **3310 NW 171ST STREET**
CITY- ST- ZIP **MIAMI FL 33056**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **M GRIMES, JOHN**
STREET ADDRESS **18525 NW 42ND AVE**
CITY- ST- ZIP **MIAMI FL 33056**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **M BAKER, BERESFORD**
STREET ADDRESS **3565 NW 195TH TERRACE**
CITY- ST- ZIP **MIAMI FL 33055**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **M HINES, BETTY**
STREET ADDRESS **3310 NW 171ST STREET**
CITY- ST- ZIP **MIAMI FL 33055**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Elvin S. Bridgewater

5-1-2008

(305-836-0366) o
(305-458-1913) e