


**2005 NOT-FOR-PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90083 010 ****61.25

DOCUMENT # N37414
1. Entity Name
MT. ZION A.M.E. CHURCH OF BELLE GLADE, INC.



Principal Place of Business
249 SW 10TH STREET
P O BOX 1688
BELLE GLADE, FL 33430

Mailing Address
249 SW 10TH STREET
P O BOX 1688
BELLE GLADE, FL 33430

50035342



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0421024

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MONTGOMERY, THOMAS
ONE SE AVE. E
(POST OFFICE BOX 1510)
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD Delete
NAME JONES, ISSAC S.
STREET ADDRESS 1218 SW AVE. B.
CITY-ST-ZIP BELLE GLADE, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME POOLE, HARVEY J., SR.
STREET ADDRESS 1233 SW AVE. C PLACE
CITY-ST-ZIP BELLE GLADE, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME VEREEN, MAUDE J.
STREET ADDRESS 601 SW AVE. F.
CITY-ST-ZIP BELLE GLADE, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME JONES, ROOSEVELT
STREET ADDRESS 21 ROOSEVELT ST.
CITY-ST-ZIP BELLE GLADE, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

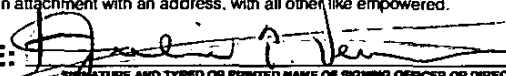
TITLE D Delete
NAME VEREEN, JULIA
STREET ADDRESS 648 SW 3RD ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-27-05 561 996 5823
Date Daytime Phone #