2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 03, 2006 8:00 am Secretary of State DOCUMENT # N41827 1. Entity Name 03-03-2006 90118 005 ****70.00 MOUNT ZION ASSEMBLY OF GOD CHURCH, INC. Mailing Address Principal Place of Business 3005 THONOTOSASSA ROAD 3005 THONOTOSASSA ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-23501.70 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COTTON, BILLY J Street Address (P.O. Box Number is Not Acceptable) 1508 WHITEHURST ROAD PLANT CITY FL 33565 City 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 little if applicable (NOTE: Registured Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE THLE ☐ Change ■ Addition WALDEN, JOEL E NAME STREET ADDRESS 4312 N CORK RD. STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE Addition ☐ Change Bob Rivers STREET, VANCE NAME NAME 4711 WEST MILEY ROAD STREET ADDRESS STREET ADDRESS 2043 Irving ST PLANT CITY FL 33565 CITY-SI-ZIF CITY-ST-ZIP Lakeland, FT. 33815 TITLE PTC ☐ Delete TITLE Change Addition NAME COTTON, BILLY J NAME STREET ADDRESS 1508 WHITEHURST RD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILEY, W J NAME NAME STREET ADDRESS 4411 N STRAUSS RD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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. Billy J. Cotton 2-22-06