


**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

*Amended
FILED*

04 DEC 20 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48886					
1. Entity Name MT. ZION CHRISTIAN CHURCH, INC.					
Principal Place of Business 12754 BASS RD LIVE OAK, FL 32060 US		Mailing Address 12754 BASS RD LIVE OAK, FL 32060 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, TOMMYE 12544 BASS ROAD LIVE OAK, FL 32060			Name Street Address (P.O. Box Number is Not Acceptable) 800043618488 12/27/04--01016--004 **35.00 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ATHERTON, DON	NAME	ANDREW C. BASS		
STREET ADDRESS	16241 141ST ROAD	STREET ADDRESS	12675 129th Road		
CITY-ST-ZIP	MC ALPIN, FL 32062	CITY-ST-ZIP	Live Oak, FL 32060		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHANDLER, DAN	NAME	JOAN R. BASS		
STREET ADDRESS	13775 CR 136	STREET ADDRESS	12675 129th Road		
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	Live Oak, FL 32060		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, TOMMYE	NAME	800043618488		
STREET ADDRESS	12544 BASS ROAD	STREET ADDRESS	12/27/04--01016--005 **35.00		
CITY-ST-ZIP	LIVE OAK, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(j), 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: <i>Tommye D. Collins</i>			Date: 10-12-04		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		