

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**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**



03232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

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

**8. Name and Address of Current Registered Agent**

**COLLINS, TOMMYE**  
**12544 BASS ROAD**  
**LIVE OAK, FL 32060**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BASS, ANDREW C<br>12675 129TH ROAD<br>LIVE OAK, FL 32060 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BASS, JOAN R<br>12675 129TH ROAD<br>LIVE OAK, FL 32060   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COLLINS, TOMMYE<br>12544 BASS ROAD<br>LIVE OAK, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 04/12/06 80063-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Tommye Collins* Tommye Collins 3-27-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #