


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90062 007 \*\*\*\*61.75

<b>DOCUMENT # N48886</b> 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
---	---



02062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. 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 remaining) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, ANDREW C 12675 129TH ROAD LIVE OAK, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, JOAN R 12675 129TH ROAD LIVE OAK, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, TOMMYE 12544 BASS ROAD LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Tommy Collins 3-10-07 386-364 9501  
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR Date Daytime Phone #