2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48886

FILED Jan 23, 2009 Secretary of State

Entity Name: MT. ZION CHRISTIAN CHURCH, INC.

Current	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
12754 BAS LIVE OAK,	S RD FL 32060	US				
Current Mailing Address:			New Mailing Address:			
12754 BASS RD LIVE OAK, FL 32060 US						
FEI Number:		FEI Number Applied For()	FEI Number Not App	licable (X) Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
COLLINS, 12544 BAS LIVE OAK,		US				
	named entity of Florida.	/ submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATUF	RE:					
	Electro	onic Signature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D (BASS, ANDRI 12675 129TH LIVE OAK, FL	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Γitle:) Delete	Title:	() Change () Addition		
Name: Address: City-St-Zip:	BASS, JOAN 12675 129TH LIVE OAK, FL	ROAD	Name: Address: City-St-Zip:			
Name: Address: City-St-Zip: Fitle: Name: Address:	12675 129TH LIVE OAK, FL	ROAD . 32060 () Delete MMYE, ROAD	Address:	D (X) Change () Addition COLLINS, TOMMYE, 12544 BASS ROAD LIVE OAK, FL 32060		
Name: Address:	12675 129TH LIVE OAK, FL D (COLLINS, TO 12544 BASS LIVE OAK, FL	ROAD . 32060 () Delete MMYE, ROAD	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	COLLINS, TOMMYE, 12544 BASS ROAD		
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	12675 129TH LIVE OAK, FL D (COLLINS, TO 12544 BASS LIVE OAK, FL	ROAD . 32060 () Delete MMYE, ROAD	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	COLLINS, TOMMYE, 12544 BASS ROAD LIVE OAK, FL 32060 D () Change (X) Addition COLLINS, GLAYTHIA A 12544 BASS ROAD		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE M. BASS D 01/23/2009