2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N49479

Entity Name: MOUNT ZION UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

825 HOWARD ST
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

825 HOWARD ST
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3653125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, E.J.
2051 BRENDLA RD
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	CAMPBELL, WILLIAM	
Address:	1077 WEATHERSFIELD DR	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	T	( ) Delete
Name:	JOHNSON, ROWLAND	
Address:	1803 BALBOA LN	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	T	( ) Delete
Name:	FAISON, PHILLIP	
Address:	1118 MACRAE AVE	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	T	( ) Delete
Name:	RUTLEDGE, C C	
Address:	3456 FAIRFIELD TRAIL	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	T	( ) Delete
Name:	PERRY, BETTY	
Address:	1039 WEST AVE	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	TD	( ) Delete
Name:	ROBINSON, E J	
Address:	2051 BRENDLA RD	
City-St-Zip:	CLEARWATER, FL 33755	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: E J ROBINSON RA 04/29/2005

Electronic Signature of Signing Officer or Director — Date