

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49479

FILED
May 01, 2006
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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
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Title: () Change () Addition
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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 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: E J ROBINSON

TD

05/01/2006

Electronic Signature of Signing Officer or Director

Date