2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 16, 2005
Secretary of State

DOCUMENT# N93000005034

Entity Name: MOUNT ZION APOSTOLIC CHILD DEVELOPMENT CENTERS, INC.

Current Principal Place of Business:

359 10TH STREET
W PALM BEACH, FL 33403

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10476
REVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: 65-0455129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASHINGTON, CHARLES
8781 N. BATES RD.
PALM BEACH GARDENS, FL 33418 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:	PD	( ) Delete
Name:	WASHINGTON, CHARLES	
Address:	8781 N. BATES RD.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	VD	( ) Delete
Name:	WASHINGTON, GEORGIA	
Address:	8781 N. BATES RD.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	(X) Delete
Name:	SEARS, JOANN	
Address:	420 20TH STREET	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	T	( ) Delete
Name:	FREEMAN, CAROLYN	
Address:	5901 CARIBBEAN BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	S	(X) Delete
Name:	CATO, MELINDA	
Address:	4579 CHERRY RD.	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

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:	

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: GEORGIA WASHINGTON VD 07/16/2005

Electronic Signature of Signing Officer or Director — Date