

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005034

FILED
May 02, 2007
Secretary of State

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
REVIEWER BEACH, FL 33419

New Mailing Address:

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

WASHINGTON, CHARLES
8781 N. BATES RD.
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

WASHINGTON, GEORGIA
8781 N. BATES RD.
PALM BEACH GARDENS, FL 33418 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: GEORGIA WASHINGTON

05/02/2007

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: T () Delete
Name: FREEMAN, CAROLYN
Address: 5901 CARIBBEAN BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WASHINGTON, GEORGIA
Address: 8781 N. BATES RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD (X) Change () Addition
Name: WASHINGTON, KIMBERLY
Address: 8781 N. BATES RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S (X) Change () Addition
Name: FREEMAN, CAROLYN
Address: 5901 CARIBBEAN BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

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: GEORGIA WASHINGTON

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date