

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 25, 2007**  
**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, GEORGIA  
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, GEORGIA  
Address: 8781 N. BATES RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SC ( ) Change (X) Addition  
Name: DAWSON, SHANNON  
Address: 727 VENICE CIRCLE APT 202  
City-St-Zip: LAKE PARK, FL 33403

Title: T ( ) Change (X) Addition  
Name: SIMMONS, SOPHIA  
Address: 3421 AVE H EAST  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Change (X) Addition  
Name: CHESTER, TAMARA  
Address: 845 FORESTERIA DRIVE APT# 11  
City-St-Zip: LAKE PARK, FL 33403

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

09/25/2007

Electronic Signature of Signing Officer or Director

Date