

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

06 DEC 11 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152006 Chg-NP CR2E037 (4/06)

DOCUMENT # N94000000984					
1. Entity Name MT. ZION HOLY UNION CHURCH OF GOD, INC.					
Principal Place of Business 738 N.W. 9TH STREET HALLANDALE, FL 33009			Mailing Address P.O. BOX 1062 HALLANDALE, FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALFORD, ELIJAH 635 N.W. 3RD COURT HALLANDALE, FL 33009				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Elijah Alford</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFORD, ELIJAH			NAME	Charles Choate Sr.
STREET ADDRESS	635 NW 3 CT			STREET ADDRESS	635 N.W. 3rd CT
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale FL 33009
TITLE	TC	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LUKE			NAME	700092444057
STREET ADDRESS	1229 SHAMANN DR			STREET ADDRESS	12/11/06--01056--015 **61.25
CITY-ST-ZIP	MERRITT ISLAND, FL 32954			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, CATHERINE			NAME	
STREET ADDRESS	623 NW 10 COURT			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MAUDELL			NAME	
STREET ADDRESS	1004 NW 6TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLENDON, KAY			NAME	
STREET ADDRESS	4025 SW 26TH STREET			STREET ADDRESS	
CITY-ST-ZIP	WEST HOLLYWOOD, FL 33023			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RUTH E			NAME	
STREET ADDRESS	20621 N.W. 34 COURT			STREET ADDRESS	
CITY-ST-ZIP	OPALOCKA, FL 33056			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Elijah Alford</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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