


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000005742	
1. Entity Name MOUNT ZION CHURCH OF JESUS CHRIST OF CHIEFLAND, INC.	

Principal Place of Business 10990 NW 70TH AVE CHIEFLAND, FL 32626 US	Mailing Address P O BOX 1653 CHIEFLAND, FL 32644 US
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01212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3281853	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

WILLIAMS, SHARON G  
11531 NW 83RD COURT  
CHIEFLAND, FL 32644

**DO NOT WRITE  
IN THIS SPACE**

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 Sharon G. Williams Sharon G. Williams - Secretary 2-1-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, STEVIE P O BOX 1516 CHIEFLAND, FL 32624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, THOMAS C 12951 NW 85TH AVENUE CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITTS, VICKY 11230 NW 129TH PLACE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LAMAR 7530 NW 170TH ST TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SHARON 11531 NW 83RD COURT CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGGINS, HENRY M 10720 W WOODLAND PLACE HOMOSOSSA, FL 34487

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02/03/05-80053-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sharon G. Williams Sharon G. Williams 2-1-05 (352) 493-0193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #