

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 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**



05192006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3281853	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

C. 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 _____

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 September 8, 2006**

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

U00000569436
07/11/06-80025-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Sharon G. Williams - Sharon Williams - 7-06

Date

Daytime Phone #

(352) 265-0111 ext 44-85