


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
10990 NW 70TH AVE CHIEFLAND, FL 32626 US	P O BOX 1653 CHIEFLAND, FL 32644 US

DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	WILLIAMS, STEVIE
STREET ADDRESS	P O BOX 1516
CITY-ST-ZIP	CHIEFLAND, FL 32624
TITLE	D
NAME	WILLIAMS, THOMAS C
STREET ADDRESS	12951 NW 85TH AVENUE
CITY-ST-ZIP	CHIEFLAND, FL 32644
TITLE	TD
NAME	PITTS, VICKY
STREET ADDRESS	11230 NW 129TH PLACE
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	D
NAME	DAVIS, LAMAR
STREET ADDRESS	7530 NW 170TH ST
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	S
NAME	WILLIAMS, SHARON
STREET ADDRESS	11531 NW 83RD COURT
CITY-ST-ZIP	CHIEFLAND, FL 32644
TITLE	P
NAME	HUGGINS, HENRY M
STREET ADDRESS	10720 W WOODLAND PLACE
CITY-ST-ZIP	HOMOSSA, FL 34487

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IN THIS SPACE**

U000000710250
04/25/07-80035-021 61.25

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: <i>Sharon Williams</i> Sharon Williams	Date: 4/12/07	Daytime Phone #: 352-265-0111 (ext 44205)
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