


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90053 030 ****70.00

DOCUMENT # N95000002758 1. Entity Name MT. ZION MISSIONARY BAPTIST INSTITUTIONAL CHURCH, INC.					
Principal Place of Business 535 W. WASHINGTON ST. ORLANDO, FL 32801 US			Mailing Address 535 W. WASHINGTON ST. ORLANDO, FL 32801 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1036976	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PLEDGE, GORDON 535 W. WASHINGTON ST. ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGRAM, GEORGE		NAME		
STREET ADDRESS	2555 MESSINA AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, WILLIE		NAME		
STREET ADDRESS	4443 RALEIGH STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	CT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, EDDIE		NAME		
STREET ADDRESS	8010 PALM LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	CT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, PRINGEL		NAME		
STREET ADDRESS	4661 ALHAMA ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLEDGE, GORDON		NAME		
STREET ADDRESS	5718 SPRINGMONTE CT.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUDSTILL, STELLA		NAME		
STREET ADDRESS	3627 LAKE LAWNE AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		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: <i>Gordon Pledge Gordon Pledge</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1/23/08</i> Daytime Phone #: <i>407-423-0023</i>		