## FILE NOW: FILING FEE IS \$61.25

NONPROFIT . CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OSTATE

Sandra B. Morther

Secretary of State DIVISION OF CORPORAIONS

DOCUMENT # N97000004487 (1)

**FILED** May 20 1998 8:00am Secretary of State

PEARL OF MT. ZION CHAPTER #1 INC.									
Principal Place of Business		Mailing Address			1 (ADUHDU BID ADIII ADAH DOHR ODIII ADIII	ABIN EPNI BIBLI BIBB			
2202 N 28TH AVENUE HOLLYWOOD FL 33020		2202 N 28TH AVENUE HOLLYWOOD FL 33020			3. Date Incorporated or Qualified  08/07/1997  4. FEI Number	<b>-</b>	Applied For		
21	Place of Business	2a. Mailing Address 26				\$8.75	Additional Required		
Suite, Apt.		Suite, Apt. #, etc.				1100(1010	Added	May Be to Fees	
City & Stat	le .	City & State			;	7. Is this nonprofit corporation a homeowners association?  Yes M No			
Zip 24	Country 25	Ζίρ <b>29</b>	Country 30		1	8. This corporation owes or has paid Personal Property Tax due June 30		intangible	
==:1	9. Name and Address of Curr		301 T		<u>'</u>	0. Name and Address of New Regis	·		
			81	Name		<u> </u>			
RITCH, GLORIA				Street	Address	(P.O. Box Number is Not Acceptable)	)		
	28TH AVENUE 100D FL 33020		83					-	
11066111	00016 00020							- Cada	
			84	City			FL   '	p Code	
11. Pursuant office or r	to the provisions of Sections 617.05	502 and 617 1508, Florida Statute	s, the above	e-named	d corporat	tion submits this statement for the pur s board of directors. I hereby accept t	pose of changing	its registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, Flo	rida Statutes	ino oon	pordiion	board of directors. The only decept to			
SIGNATURE .	Signature, typed or printed name of registered a	cool and title if applicable (NOTE	Registered Age	ot ekoneture	re required with	hen sainstating)	DATE		
12.		ND DIRECTORS	13.	in alginature	ie reduieo w	ADDITIONS/CHANGES TO OFFICER		DRS IN 12	
TITLE	D	☐ DELETE 1			T		☐ Change	Addition	
NAME	BRYAN, LUNA		1.2 NAME						
STREET ADDRESS 3649 JACKSON BLVD			1.3 STREET ADDRE						
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - ST - ZIP					1 4 100	
TITLE	D DELETE		2.1 TITLE				☐ Change	e	
NAME	MCDOUGALL, NORMA		2.2 NAME						
STREET ADDRESS	7808 W PANAMA ST		2.3 STREET ADDRESS				,		
CITY-ST-ZIP TITLE	MIRAMAR FL 33023		2. 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	
NAME	RITCH, GLORIA			3.2 NAME			<u> </u>		
STREET ADDRESS	2202 N 28TH AVENUE			3.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020			3.4. CITY-ST-ZIP					
TITLE	\$D DELETE		4.1 TITLE				☐ Change	a 🔲 Addition	
NAME	GILKES, KAREN		4. 2 NAME		1				
STREET ADDRESS	2001 NW 134TH ST			4.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33167	<u>.</u>	4.4 CITY-S	T - ZIP	イと	·		4	
TITLE	TD	DELETE	E 5.1 TITLE		CVI	VTHIA MOTTLEY	☐ Change	Addition	
NAME	COLLINS, EVERN		5.2 NAME		22	5 NE 17515 Ave			
STREET ADDRESS	101			5.3 STREET ADDRESS		VTHIA MOTTLEY 5 NE 17515 AVE 11AMUI - FL . 33162	_		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	1/V · //	111mm - FL. 23162	<del>~</del>	1 6 1 00	
TITLE	DELETE DELETE		1	6.1 TITL€			☐ Change	e	
NAME	COCKETT, JEAN		6.2 NAME		i				
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33056		6.4 CITY - S	T-ZIP					

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if chapter 617, and that my name address.