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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004487

1. Corporation Name

PEARL OF MT. ZION CHAPTER #1 INC.

Principal Place of Business
 2202 N 28TH AVENUE
 HOLLYWOOD FL 33020

Mailing Address
 2202 N 28TH AVENUE
 HOLLYWOOD FL 33020



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/07/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0831956

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RITCH, GLORIA
 2202 N 28TH AVENUE
 HOLLYWOOD FL 33020**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BRYAN, LUNA**
 STREET ADDRESS **3649 JACKSON BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **MCDUGALL, NORMA**
 STREET ADDRESS **7808 W. PANAMA ST**
 CITY-ST-ZIP **MIRAMAR FL 33023**

2.1 TITLE **DEPUTY MATRON** ☒ Change ☐ Addition

2.2 NAME **JEAN COCKETT**
 2.3 STREET ADDRESS **8029 S.W. 21st St.**
 2.4 CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE **SD** ☐ DELETE

NAME **RITCH, GLORIA**
 STREET ADDRESS **2202 N 28TH AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE

NAME **GILKES, KAREN**
 STREET ADDRESS **2001 NW 134TH ST**
 CITY-ST-ZIP **MIAMI FL 33167**

4.1 TITLE **ASSISTANT SECRETARY** ☒ Change ☐ Addition

4.2 NAME **VELMA A. WRIGHT**
 4.3 STREET ADDRESS **91 N.E. 210 St.**
 4.4 CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **TD** ☐ DELETE

NAME **MOTTEY, CYNTHIA**
 STREET ADDRESS **225 NE 175TH AVENUE**
 CITY-ST-ZIP **N MIAMI FL 33162**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **COCKETT, JEAN**
 STREET ADDRESS **3032 NW 204TH TERR**
 CITY-ST-ZIP **MIAMI FL 33056**

6.1 TITLE **SENIOR DEACON** ☒ Change ☐ Addition

6.2 NAME **Ruby ROBERT**
 6.3 STREET ADDRESS **1920 N.W. 134th St.**
 6.4 CITY-ST-ZIP **MIAMI, FL 33167**

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gloria Ritch** **FGloriaRitch**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
 Date

954-987-8884
 Daytime Phone #

CR2E037 (11/98)