

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91065 025 \*\*\*\*61.25

**DOCUMENT # N97000004487**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0831956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITCH, GLORIA  
2202 N 28TH AVENUE  
HOLLYWOOD FL 33020

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | IM                              | <input type="checkbox"/> Delete            |
| NAME           | JOHNSON, PHYLLIS B              |  |
| STREET ADDRESS | 630 N.W. 183RD TERR.            |  |
| CITY-ST-ZIP    | MIAMI FL 33169                  |  |
| TITLE          | DM                              | <input type="checkbox"/> Delete            |
| NAME           | SAWYER, NORMA                   |  |
| STREET ADDRESS | 3961 NW 32ND AVE                |  |
| CITY-ST-ZIP    | LAUDERDALE LAKE FL              |  |
| TITLE          | SD                              | <input type="checkbox"/> Delete            |
| NAME           | RITCH, GLORIA                   |  |
| STREET ADDRESS | 2202 N 28TH AVENUE              |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33020              |  |
| TITLE          | AS                              | <input checked="" type="checkbox"/> Delete |
| NAME           | LENUGNOT, NORMA                 |  |
| STREET ADDRESS | 4235 N.W 88TH AVE               |  |
| CITY-ST-ZIP    | SUNRISE FL 33351                |  |
| TITLE          | TD                              | <input checked="" type="checkbox"/> Delete |
| NAME           | MOTTEY, CYNTHIA                 |  |
| STREET ADDRESS | 21240 BRAXFIELD LOOP            |  |
| CITY-ST-ZIP    | ESTERO FL 33928                 |  |
| TITLE          | SD                              | <input type="checkbox"/> Delete            |
| NAME           | SUNDAM, BARBARA <i>Sinclair</i> |  |
| STREET ADDRESS | 17141 NE 5TH                    |  |
| CITY-ST-ZIP    | MIAMI FL 33162                  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | IM                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | NORMA SAWYERS               |  |
| STREET ADDRESS | 3961 NW 32ND AVE            |  |
| CITY-ST-ZIP    | LAUDERDALE LAKES, FL. 33309 |  |
| TITLE          | DM                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | NORMA LEMNOT                |  |
| STREET ADDRESS | 3920 NW 32ND AVE            |  |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL. 33334   |  |
| TITLE          | AS                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | KATHLEEN DIXON              |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | LEONORA ANDERSON            |  |
| STREET ADDRESS | 1411 NW 63rd Ave            |  |
| CITY-ST-ZIP    | SUNRISE, FL 33313           |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #