

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90022 016 ****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

20030635



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

RITCH, GLORIA
2202 N 28TH AVENUE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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, 2005

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 ☒ Delete
NAME SAWYERS, NORMA
STREET ADDRESS 3961 NW 32ND AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE DM ☒ Delete
NAME LEMIGNOR, NORMA
STREET ADDRESS 3920 N 16TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE SD ☐ Delete
NAME RITCH, GLORIA
STREET ADDRESS 2202 N 28TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE AS ☐ Delete
NAME DIXON, KATHLEEN
STREET ADDRESS 4235 N.W 88TH AVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE TD ☒ Delete
NAME ANDERSON, LEONORA
STREET ADDRESS 1411 NW 63RD AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33313

TITLE SD ☒ Delete
NAME SUNDAIN, BARBARA
STREET ADDRESS 17141 NE 5TH
CITY-ST-ZIP MIAMI FL 33162

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~Norma Lemignon~~ ☒ Change ☐ Addition
NAME ~~3920 NE 16 AVE~~
STREET ADDRESS ~~OAKLAND PARK FL 3334~~
CITY-ST-ZIP

TITLE ~~Leonora Anderson~~ ☒ Change ☐ Addition
NAME ~~1411 NW 63rd Ave~~
STREET ADDRESS ~~Sunrise, FL 33313~~
CITY-ST-ZIP

TITLE ~~Same~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~IRMA Solomon~~ ☐ Change ☒ Addition
NAME ~~1520 NW 17th St~~
STREET ADDRESS ~~Miami, FL 33169~~
CITY-ST-ZIP

TITLE ~~Cynthia Motley~~ ☒ Change ☐ Addition
NAME ~~P.O. Box 11064~~
STREET ADDRESS ~~Naples, FL 34108-0111~~
CITY-ST-ZIP

TITLE ~~Nela Crichton~~ ☐ Change ☒ Addition
NAME ~~3631 NW 47th Ave~~
STREET ADDRESS ~~Hollywood, FL 33023~~
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:

Gloria Ritch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

954-921-5781

Daytime Phone #