

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

**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

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE IM **NORMA** ☐ Delete  
NAME LETHIGNOT, NOTMA  
STREET ADDRESS 3920 NE 16 AVE  
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE **Bentley, FRANCIS SD** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DM ☐ Delete  
NAME ANDERSON, LEONORA  
STREET ADDRESS 1411 NW 63RD AVE  
CITY-ST-ZIP SUNRISE FL 33313

TITLE **TRUSTEE** ☐ Change ☐ Addition  
NAME **BARBARA SINCLAIR**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **TRUSTEE** ☐ Change ☐ Addition  
NAME **CATHERINE DALY**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME SOLOMON, IRMA  
STREET ADDRESS 1520 NW 175TH ST  
CITY-ST-ZIP MIAMI FL 33169

TITLE **EARA ATHILL** ☐ Change ☐ Addition  
NAME **Trustee**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MOLTLEY, CYNTHIA  
STREET ADDRESS P.O. BOX 110641  
CITY-ST-ZIP NAPLES FL 34108-0111

TITLE **OLGA BODDEN** ☐ Change ☐ Addition  
NAME **Auditor**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME CRICHTON, NOLA  
STREET ADDRESS 3631 NW 47TH AVE  
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE **CHAPLAIN** ☐ Change ☐ Addition  
NAME **ULA ROSS**  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/06

954-401-2063