

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006829

FILED
Sep 05, 2007
Secretary of State

Entity Name: MT. ZION OUTREACH CENTER, INC.

Current Principal Place of Business:

933 S.W. AVE C
BELLE GLADE, FL 33430

New Principal Place of Business:

908 S.W. AVENUE
BELLE GLADE, FL 33430

Current Mailing Address:

P.O. BOX 1688
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0421024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SINGLETON, GETCHRELL
1216 SW AVE B
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

HYMES, MELVIN E
5341 45TH STREET
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE: MELVIN E.HYMES

09/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SINGLETON, GETCHRELL
Address: 224 SW 12TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: VEREEN, MAUDE L
Address: 601 SW 11TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: JONES, ROOSEVELT
Address: 672 SW 9TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HYMES, MELVIN E
Address: 5341 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: SINGLETON, GETCHRELL
Address: 224 S.W.12THSTREET
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN HYMES

PD

09/05/2007

Electronic Signature of Signing Officer or Director

Date