

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90055 032 ****70.00

0040123

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005488					
1. Corporation Name MT. ZION PRIMITIVE BAPTIST CHURCH, INC. OF WPB					
Principal Place of Business 1425 9TH STREET WEST PALM BEACH FL 33401			Mailing Address 1425 9TH STREET WEST PALM BEACH FL 33401		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/23/1998	
22 City & State		27 City & State		4. FEI Number ☒ Applied For ☐ Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REID, CORNICE 1425 9TH STREET WEST PALM BEACH FL 33401				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 *Cornice Reid* (NOTE: Registered Agent signature required when reinstating) DATE 3-16-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE NAME D STREET ADDRESS LILLY, COPELAND CITY-ST-ZIP 1645 S. 25TH COURT RIVIERA BEACH FL 33404				1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME D. PASTOR STREET ADDRESS REID, CORNICE CITY-ST-ZIP 1425 9TH STREET WEST PALM BEACH FL 33401				2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME D STREET ADDRESS HARMON, JOE L CITY-ST-ZIP 1091 26TH COURT RIVIERA BEACH FL 33404				3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE ☐ Change ☒ Addition 4.2 NAME D 4.3 STREET ADDRESS Lester Foulks 4.4 CITY-ST-ZIP 1013 20th Street West Palm Beach, FL 33401			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE ☐ Change ☒ Addition 5.2 NAME D 5.3 STREET ADDRESS Keith William 5.4 CITY-ST-ZIP 2730 Foxhall Drive West Palm Beach, FL 33409			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE ☐ Change ☒ Addition 6.2 NAME D 6.3 STREET ADDRESS Fannie Woodson 6.4 CITY-ST-ZIP 1480 13th Street West Palm Beach, FL 33401			

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: *Cornice Reid* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 3-16-99 DAYTIME PHONE # 561-655-3701

CR2E037 (11/98)