

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90166 050 ****87.50

DOCUMENT # N98000005488

1. Entity Name
**MT. ZION PRIMITIVE BAPTIST CHURCH, INC. OF WEST
PALM BEACH**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0927774

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

**REID, CORNICE
1425 9TH STREET
WEST PALM BEACH, FL 33401**

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

Alberta Glassby **Alberta Glassby**

3-5-2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 **D** ☐ Delete
NAME **LILLY, COPELAND**
STREET ADDRESS **1645 S. 25TH COURT**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Tommy Turner**
STREET ADDRESS **1724-Douglas Ave. apt #1**
CITY-ST-ZIP **West Palm Beach Fl. 33407**

TITLE **D** ☐ Delete
NAME **REID, CORNICE**
STREET ADDRESS **1425 9TH STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **Trustee, Chairman** ☐ Change ☒ Addition
NAME **Bobby Young**
STREET ADDRESS **4724- Cherry Rd.**
CITY-ST-ZIP **W.P.B. Fl. 33417**

TITLE **D** ☐ Delete
NAME **HARMON, JOE L**
STREET ADDRESS **1091 26TH COURT**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Nathaniel Coley**
STREET ADDRESS **401- West 15th St.**
CITY-ST-ZIP **Riviera Beach Fl. 33404**

TITLE **D** ☐ Delete
NAME **FOULKS, LESTER**
STREET ADDRESS **1013 20TH STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

TITLE **S** ☐ Delete
NAME **GLASSBY, ALBERTA**
STREET ADDRESS **1052W 6TH ST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33404**

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

TITLE **D** ☒ Delete
NAME **WOODSON, FANNIE**
STREET ADDRESS **1480 13TH STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

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

Alberta Glassby **Alberta Glassby**

Date

Daytime Phone #

3-5-2006

844-7065