

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000538

FILED
Apr 29, 2005
Secretary of State

Entity Name: MOUNT ZION OUTREACH, INC.

Current Principal Place of Business:

825 HOWARD STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

825 HOWARD STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3653125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, STEPHEN O ESQ.
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, GLORIA D
Address: 1077 WEATHERSFIELD DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: COLE, STEPHEN O
Address: 925 BAY ESPLANADE
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: GOSS, THERESA C DR
Address: 1201 MACCRAE AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: JOHNSON, ROWLAND
Address: 1883 BALBOR LANE
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: PERRY, BETTY
Address: 1037 WEST AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: LYTLE, AUDREY
Address: 1143 BARBARA ST.
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLORIA D. CAMPBELL

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date