


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90332 010 \*\*\*\*61.25

<b>DOCUMENT # N99000001182</b> 1. Entity Name <b>MOUNT ZION INDEPENDENT BAPTIST CHURCH, INCORPORATED</b>					
Principal Place of Business <b>1052 TEN MILE RD BONIFAY, FL 32425</b>				Mailing Address <b>1052 TEN MILE RD BONIFAY, FL 32425</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3594456</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAKE, ROY A 112 WEST VIRGINIA AVE. BONIFAY, FL 32425</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>Michael Brunnel</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MIXON, ROYCE</b>		NAME	<b>3294 Hwy 2</b>	
STREET ADDRESS	<b>3175 HWY 2</b>		STREET ADDRESS	<b>Bonifay, FL 32425</b>	
CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAMMONS, O'DELL</b>		NAME		
STREET ADDRESS	<b>RTE. 2 BOX 204C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAMMONS, VIRGINIA</b>		NAME		
STREET ADDRESS	<b>RTE. 2 BOX 204C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SELLERS, HERMAN</b>		NAME		
STREET ADDRESS	<b>2299 BONIFAY-GRITNEY RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE: Virginia Gammons</b> <b>04/25/05</b> <b>850-263-3753</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					