


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 004 ****70.00

DOCUMENT # N99000001182					
1. Entity Name MOUNT ZION INDEPENDENT BAPTIST CHURCH, INCORPORATED					
Principal Place of Business 1052 TEN MILE RD BONIFAY, FL 32425			Mailing Address 1052 TEN MILE RD BONIFAY, FL 32425		
2. Principal Place of Business 3205 Hwy 2 Suite, Apt. #, etc.			3. Mailing Address 3205 Hwy 2 Suite, Apt. #, etc.		
City & State Bonifay, FL		City & State Bonifay, FL		4. FEI Number 59-3594456	
Zip 32425		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAKE, ROY A 112 WEST VIRGINIA AVE. BONIFAY, FL 32425				7. Name and Address of New Registered Agent 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 <u>Michael Gammons</u> <u>Michael Gammons</u> <u>2-19-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME MIXON, ROYCE STREET ADDRESS 3175 HWY 2 CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		TITLE D NAME Michael Gammons STREET ADDRESS 3317 S. First Street CITY-ST-ZIP Bonifay, FL 32425	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GAMMONS, VIRGINIA STREET ADDRESS RTE. 2 BOX 204C CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		TITLE D NAME Robert Greenlee STREET ADDRESS 160 Wedgwood Dr. CITY-ST-ZIP Bonifay, FL 32425	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SELLERS, HERMAN STREET ADDRESS 2299 BONIFAY-GRITNEY RD CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		TITLE D NAME Eloise M. Labarre STREET ADDRESS 205 E Wisconsin Ave CITY-ST-ZIP Bonifay, FL 32425	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BRUNNEL, MICHAEL STREET ADDRESS 3294 HWY 2 CITY-ST-ZIP BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Michael Gammons</u> <u>Michael Gammons</u> <u>2-19-06</u> <u>850/263-1134</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40042223



02172006 Chg-NP CR2E037 (11/05)



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ATTACHMENT**Consumer's Certificate of Exemption**

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/99

40-01-003864-56C	12/22/99	12/22/04	CHARITABLE INSTITUTION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

40042223
#N9900000182
MT ZION INDEPENDENT BAPTIST CHURCH
ESTO FD
BONIFAY FL 32425

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

**Important Information for Exempt Organizations**DR-14
R. 10/99

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.039, Florida Administrative Code (FAC), or request Form DR-97, Suggested Format for Blanket Certificate of Exemption.
2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
3. Your organization's purchases will only be exempt when a signed exemption certificate is presented to the seller and payment is made directly by your organization.
4. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
5. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
6. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
7. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration, at 850-487-4130. The mailing address is 5050 West Tennessee Street, Tallahassee, FL 32399-0100.