I hereby 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 all other like empowered. PASTOR

SIGNATURE: WAYLON BESS

Electronic Signature of Signing Officer/Director Detail

Titl Na Ado Citv Titl Na Add

Of

City-State-Zip: CRESTVIEW FL 32536

	Electronic Signature of Registered Agent		
fficer/Director Detail :			
tle	PASTOR	Title	S
ame	BESS, WAYLON	Name	BESS, BRENDA
ddress	398 BESS AVE	Address	398 BESS AVE
ity-State-Zip:	CRESTVIEW FL 32536	City-State-Zip:	CRESTVIEW FL 32536
tle	TRUSTEE		
ame	BESS, TAMARA L		
ddress	851 MCDONALD ST		

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.

398 BESS AVENUE CRESTVIEW. FL 32536 US

Current Principal Place of Business:

FEI Number: 59-3039626

Name and Address of Current Registered Agent:

521 S. BOOKER STREET CRESTVIEW. FL 32536

Current Mailing Address:

BESS, WAYLON 398 BESS AVE CRESTVIEW, FL 32536 US

SIGNATURE:

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 729940**

Entity Name: MT. ZION CHURCH OF THE LIVING GOD, INC.

FILED Apr 24, 2018 Secretary of State CC9784718234

Certificate of Status Desired: Yes

04/24/2018

Date

Date