2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769492

Entity Name: MOUNT ZION HUMAN SERVICES, INC.

Current Principal Place of Business:

945 20TH STREET SOUTH ST. PETERSBURG, FL 33712

Current Mailing Address:

945 20TH STREET SOUTH ST. PETERSBURG, FL 33712 US

FEI Number: 59-2308721 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST PETERSBURG FL 33712

LOVETT, FOSTER CPA 1407 TAMPA PARK PLAZA STREET TAMPA, FL 33603 US

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: FOSTER LOVETT 04/20/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **TREASURER** Title CEO

ELLIS, ROBERT JR. FELTON, TAMARA Name Name

945 20TH STREET SOUTH Address 945 20TH STREET SOUTH Address

City-State-Zip: SAINT PETERSBURG FL 33712 SAINT PETERSBURG FL 33712 City-State-Zip:

Title ASST. TREASURER Title **CHAIRMAN** Name LOVETT, FOSTER S SR. Name FELTON-HOWARD, TAMARA ESQ. Address 318 EAST MLK BLVDT Address 945 20TH STREET S TAMPA FLORIDA FL 33603 City-State-Zip:

Title DIRECTOR Title **SECRETARY**

Name CARNEGIE, JAMISON FITTS. WILLIAMS Name

Address 945 -20TH STREET SOUTH 945 20TH STREET SOUTH Address

945-20TH STREET SOUTH

FILED Apr 20, 2022

Secretary of State

4225659705CC

City-State-Zip: ST. PETERSBURG FL 33712 City-State-Zip: SAINT PETERSBURG FL 33712

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.

04/20/2022 SIGNATURE: FOSTER S LOVETT TREASURER