

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007717

Entity Name: MOUNT ZION FULL GOSPEL BAPTIST CHURCH INC.**Current Principal Place of Business:**9605 COUNTY ROAD 44
LEESBURG, FL 34788**Current Mailing Address:**9605 COUNTY ROAD 44
LEESBURG, FL 34788**FEI Number: 13-4283825****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HINES, LOIS
9605 COUNTY ROAD 44
LEESBURG, FL 34788 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HINES, CHARLOTTE MINISTR
Address	9605 COUNTY ROAD 44
City-State-Zip:	LEESBURG FL 34788

Title	T
Name	BLUNT, ROSALIND
Address	10835 TOOKS ST.
City-State-Zip:	LEESBURG FL 34788

Title	T
Name	HINES, TIMOTHY DEACON
Address	9825 COUNTY RD 44
City-State-Zip:	LEESBURG FL 34788

Title	T
Name	BLUNT, ALPHONSO DEACON
Address	10835 TOOK ST
City-State-Zip:	LEESBURG FL 34788

Title	T
Name	MILLER, PEARL
Address	9735 VARIETY TREE RD
City-State-Zip:	LEESBURG FL 34788

Title	T
Name	SISTRUNK, JANICE
Address	9835 VARIETY TREE RD
City-State-Zip:	LEESBURG FL 34788

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.

SIGNATURE: CHARLOTTE HINES**DIRECTOR****05/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date