

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000005187

Entity Name: THOMAS TEMPLE OF MT ZION CLG INC**Current Principal Place of Business:**605 WAVE CREST CIRCLE
VALRICO, FL 33594**Current Mailing Address:**PO BOX 1017
VALRICO, FL 33595**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, BELINDA DR T
605 WAVE CREST CIRCLE
VALRICO, FL 33594 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	P
Name	COHEN, BELINDA T
Address	605 WAVE CREST CIRCLE
City-State-Zip:	VALRICO FL 33594

Title	VP
Name	THOMAS, QUEEN E
Address	7435 OLD FLORAL CITY RD
City-State-Zip:	FLORAL CITY FL 34436

Title	SEC
Name	BIAS, MELISSA L
Address	7435 OLD FLORAL CITY RD
City-State-Zip:	FLORAL CITY FL 34436

Title	TRUS
Name	COHEN, FREDERICK III
Address	605 WAVE CREST CIRCLE
City-State-Zip:	VALRICO FL 33594

Title	TRUS
Name	ISOM, DAVID
Address	PO BOX 1017
City-State-Zip:	VALRICO FL 33595

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: COHEN,BELINDA T

P

04/03/2023

Electronic Signature of Signing Officer/Director Detail_____
Date