

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004487

**Entity Name:** PEARL OF MT. ZION CHAPTER #1 INC.**Current Principal Place of Business:**2134 SAPELO AVE SE  
PALM BAY, FL 32909**Current Mailing Address:**2134 SAPELO AVE SE  
PALM BAY, FL 32909 US**FEI Number:** 65-0831956**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RITCH, GLORIA  
2134 SAPELO AVE SE  
PALM BAY, FL 32909 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 IM  
Name ANDERSON, LEONORA B  
Address 5300 NW 17TH ST  
City-State-Zip: LAUDERHILL FL 33313

Title SECRETARY  
Name RITCH, GLORIA E .  
Address 2134 SAPELO AVE SE  
City-State-Zip: PALM BAY FL 32909

Title SENIOR DEACON  
Name KNOWLES, LORRAINE SR.  
Address 6701 SOUTHGATE BLVD  
City-State-Zip: MARGATE FL 33068

Title TRUSTEE  
Name BOLTON, WINSOME  
Address 12 SABLE PALM ST  
#301  
City-State-Zip: NO. LAUDERDALE FL 33309

Title DEPUTY MATRON  
Name SOLOMON, ERMA  
Address 1520 NW 175TH STREET  
7208  
City-State-Zip: MIAMI GARDENS FL 33169

Title TREASURER  
Name LEMIGNOT, NORMA V  
Address 3920 NE 16TH AVE  
City-State-Zip: FT. LAUDERDALE FL 33334

Title CHAPLAIN  
Name PAUL, PAMELA  
Address 530 HARRISBURG STR SW  
City-State-Zip: PALM BAY FL 32908

Title INNER GUARD  
Name COLLINS, EVERN  
Address 761 NW 197 TER  
City-State-Zip: MIAMI FL 33169

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*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:** GLORIA E.RITCH**SECRETARY****02/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           AUDITOR  
Name           MOTTLEY, CYNTHIA  
Address        1238 VILLAGE LAKE BLVD  
                  #310.  
City-State-Zip: LEIGHACRES FL 33972

Title           TRUSTEE  
Name           CRICHTON, NOLA  
Address        3631 SW 47TH AVE  
City-State-Zip: HOLLYWOOD FL 33023

Title           JR. DEACON  
Name           SPALDING, GRETEL  
Address        7301 NW 57TH PLACE  
City-State-Zip: TAMARAC FL 33321