

**2015 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:** No**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 SR.
Address	2134 SAPELO AVE SE
City-State-Zip:	PALM BAY FL 32909

Title	SENIOR DEACON
Name	SOLOMON, ERMA
Address	1520 NW 175TH ST
City-State-Zip:	MIAMI FL 33169

Title	ASST. SECRETARY
Name	NELSON, CHARMAINE
Address	550 DAVIDSON STREET
City-State-Zip:	PALM BAY FL 32909

Title	DEPUTY MATRON
Name	NORMA, SAWYERS
Address	8250 SW 24TH STREET 7208
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	TREASURER
Name	JOHNSON, PHYLLIS
Address	630 NW 183RD TERRACE
City-State-Zip:	MIAMI FL 33169

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

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

**Continues on page 2**

*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****03/04/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title INNER GUARD  
Name KNOWLES, LORRAINE  
Address 6107 SOUTHGATE BLVD  
City-State-Zip: MARGATE FL 33068