

2017 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 .
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	ASST. SECRETARY
Name	SOLOMON, ERMA
Address	1520 NW 175TH ST
City-State-Zip:	MIAMI FL 33169

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	TRUSTEE
Name	WILLIAMS, MARIE SR.
Address	401 GODFREY ROAD SE
City-State-Zip:	PALM BAY FL 32909

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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****03/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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