

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743448 (3)

1. Corporation Name

ZION TEMPLE HOLINESS CHURCH, INC.



Principal Place of Business

Mailing Address

1410 FLORIDA STREET
P.O. BOX 1983
LAKE CITY FL 32055

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P.O. BOX 1983
LAKE CITY FL 32055

3. Date Incorporated or Qualified
06/30/1978

3a. Date of Last Report
02/15/1995

4. FEI Number

59-2742437

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCRAY, LUCIOUS
RT. 7, BOX 186
EAST WASHINGTON STREET
LAKE CITY FL 32055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ELLISON, DAVID L
STREET ADDRESS 2050 FAIRVIEW ST
CITY-ST-ZIP LAKE CITY FL

1.1 TITLE D/C
1.2 NAME ELLISON, DAVID
1.3 STREET ADDRESS 2050 FAIRVIEW ST
1.4 CITY-ST-ZIP LAKE CITY, FL

TITLE P
NAME MCCRAY, LUCIOUS
STREET ADDRESS EAST WASHINGTON ST
CITY-ST-ZIP LAKE CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME GRANT, DUKE
STREET ADDRESS 1760 GEORGIA ST.
CITY-ST-ZIP LAKE CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME WILSON, JOE A
STREET ADDRESS RT. 1, BOX 258
CITY-ST-ZIP LAKE CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME MIZELL, SUSIE MAE
STREET ADDRESS 1780 FOWLER STREET
CITY-ST-ZIP LAKE CITY FL

5.1 TITLE D
5.2 NAME MIZELL, SUSIE MAE
5.3 STREET ADDRESS 1780 FOWLER STREET
5.4 CITY-ST-ZIP LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE T
6.2 NAME MONTGOMERY, MACY
6.3 STREET ADDRESS RT 8, Box 430
6.4 CITY-ST-ZIP LAKE CITY, FL 32055

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Wilson / JOE Wilson
SECRETARY

3/03/96

Date

904-752-5309

Daytime Phone #

CR2E037 (12/95)