

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90100 003 \*\*\*\*61.25

**DOCUMENT # 743448**

1. Corporation Name

**ZION TEMPLE HOLINESS CHURCH, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1978

4. FEI Number

59-2742437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE  
NAME **ELLISON, DAVID L**  
STREET ADDRESS **2050 FAIRVIEW ST**  
CITY-ST-ZIP **LAKE CITY FL**

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

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

TITLE **T** ☐ DELETE  
NAME **WILSON, JOE**  
STREET ADDRESS **RT. 1, BOX 258**  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ DELETE  
NAME **MIZELL, SUSIE MAE**  
STREET ADDRESS **1780 FOWLER ST**  
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☐ DELETE  
NAME **MONTGOMERY, MACY**  
STREET ADDRESS **RT 8, BOX 430**  
CITY-ST-ZIP **LAKE CITY FL 32055**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wilson**

**4-26-99**

**904-752-5309**

Date

Daytime Phone #

CR2E037 (11/98)