

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743448

1. Entity Name

ZION TEMPLE HOLINESS CHURCH, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90505 016 ****61.25

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

1280 FLORIDA STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

Zip

32055

Country

COLUMBIA

Zip

Country

4. FEI Number

59-2742437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED WILSON

3-4-01

904-752-5309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)