

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09902 (0)
 1. Corporation Name
MOUNT ZION APOSTOLIC FAITH CHURCH, INC.



Principal Place of Business % MRS. WASHINGTON 1821 H AVENUE EAST RIVIERA BCH. FL 33404	Mailing Address PO BOX 10460 RIVIERA BCH. FL 33419 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report	4. FEI Number	Applied For
21	26	06/24/1985	05/01/1995	59-2612323	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		8.75 Additional Fee Required	
22	27	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Zip	Country	Zip		Country	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		<input type="checkbox"/>		<input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent WASHINGTON, CHARLES SR. 8781 N BATES RD RIVIERA BEACH FL 33418	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WASHINGTON, CHARLES W. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8781 N BATES RD	1.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WASHINGTON, GEORGIA ANN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8781 N BATES RD	2.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD STARKS, RUTH <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1633 DOUGLAS AVENUE	3.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD BLUNTSON, LULA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	922 30TH COURT	4.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD GILL, SHIRLEY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	734 PALM STREET	5.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Charles W. Washington 7/3/96 (407)-847-9135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)