

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90001 034 ****70.00

DOCUMENT # **N09902 (0)** ✓
 1. Entity Name
Mount Zion Apostolic Faith Church, Inc.

Principal Place of Business
% Mrs. Washington
4911 Australian Ave.
Mangonia Park, FL
33407

Mailing Address
% Mrs. Washington
P.O. Box 10476
Riviera Beach, FL
33419

00068822

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10476
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Riviera Beach, FL

4. FEI Number
59-2612323

Applied For
 Not Applicable

Zip
33419

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Washington, Charles, SR
1821 H Ave. East
Riviera Beach, FL 33404

7. Name and Address of New Registered Agent
 Name **Washington, Charles SR.**
 Street Address (P.O. Box Number is Not Acceptable)
8781 N. Bates Road
 City **Palm Beach Gardens FL** Zip Code **33418**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Washington, Charles W. 1821 H Avenue EAST Riviera Beach, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Washington, Georgia ANN 1821 H Avenue EAST Riviera Beach, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Starks, Ruth 1633 Douglas Avenue W. Palm Beach, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Bluntson, Lula 922 30th Court W. Palm Beach, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Gill, Shirley 734 Palm Street W. Palm Beach, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Washington, Charles W. 8781 N. Bates Road Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Washington, Georgia ANN 8781 N. Bates Road Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Bluntson, Lula 2010 Normandy Circle W. Palm Beach, FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Gill, Shirley 1452 42nd Street W. Palm Beach, FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fees empowered.

SIGNATURE: **Georgia Washington** **Georgia Washington** 6/30/00 (561) 848-9135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)