

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

95 APR 23 PM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50992** (9)
1. Corporation Name
MOUNT ZION HOUSE OF PRAYER HOLINESS CHURCH INC.

Principal Place of Business Mailing Address
1903 HOUSTON AVE. VALDOSTA GA 31602 **1903 HOUSTON AVE. VALDOSTA GA 31602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1992** 3a. Date of Last Report **05/01/1994**
4. FBI Number **59-3135957** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
MCDANIEL, FOREST
1300 M L KING DR, APT F-3
MADISON FL 32340

10. Name and Address of New Registered Agent
81 Name **McDaniel, Forrest**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1300 M.L. King Dr., Apt. A-1**
84 City **Madison** 85 Zip Code **FL 32340**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VSD	1.1 TITLE	V/AT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, CATHERINE M.	1.2 NAME	MATHIS, CATHERINE M
STREET ADDRESS	1903 HOUSTON AVE.	1.3 STREET ADDRESS	1903 HOUSTON AVE
CITY-ST-ZIP	VALDOSTA GA	1.4 CITY-ST-ZIP	VALDOSTA GA 31602
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNEAL, ALEXANDER	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, BARBARA	3.2 NAME	MCDANIEL, BARBARA
STREET ADDRESS	1300 M L KING DR	3.3 STREET ADDRESS	1300 M L KING DR APT A-1
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	MADISON FL 32340
TITLE	PDC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, ERIC J	4.2 NAME	
STREET ADDRESS	1903 HOUSTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	COACHMAN, JUANITA
STREET ADDRESS		5.3 STREET ADDRESS	Hwy 145 (PO Box 203)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PINETTA FL 32350
TITLE		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	

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 110.07(3)(b), 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]* 4-22-95 (912) 333-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #