

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50992 (9)**  
 1. Corporation Name  
**MOUNT ZION HOUSE OF PRAYER HOLINESS CHURCH INC.**



Principal Place of Business <b>1903 HOUSTON AVE. VALDOSTA GA 31602</b>	Mailing Address <b>1903 HOUSTON AVE. VALDOSTA GA 31602</b>
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3. Date Incorporated or Qualified <b>09/24/1992</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>59-3135957</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	29 Country 30
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**9. Name and Address of Current Registered Agent**

**MCDANIEL, FOREST  
1300 ML KING DR  
#A-1  
MADISON FL 32340**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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**

TITLE	<b>VATD</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHIS, CATHERINE M.</b>	
STREET ADDRESS	<b>1903 HOUSTON AVE.</b>	
CITY-ST-ZIP	<b>VALDOSTA GA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUNEAL, ALEXANDER</b>	
STREET ADDRESS	<b>ROUTE 1 BOX 7</b>	
CITY-ST-ZIP	<b>PINETTA FL</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCDANIEL, BARBARA</b>	
STREET ADDRESS	<b>1300 MLKING DR #A1</b>	
CITY-ST-ZIP	<b>MADISON FL</b>	
TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHIS, ERIC J</b>	
STREET ADDRESS	<b>1903 HOUSTON AVE</b>	
CITY-ST-ZIP	<b>VALDOSTA GA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>COACHMAN, JUANITA</b>	
STREET ADDRESS	<b>HWY 145 PO BOX 203</b>	
CITY-ST-ZIP	<b>PINETTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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: *Sandra B. Morham* **2-6-96** (912) 253-1242  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)