


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 1903 HOUSTON AVE. VALDOSTA GA 31602  
Mailing Address: 1903 HOUSTON AVE. VALDOSTA GA 31602-7116

3. Date Incorporated or Qualified: 09/24/1992  
3a. Date of Last Report: 02/12/1996  
4. FEI Number: 59-3135957  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
21-24: Suite, Apt #, etc., City & State, Zip, Country  
25-28: Suite, Apt #, etc., City & State, Zip, Country

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

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	VATD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, CATHERINE M.	1.2 NAME	
STREET ADDRESS	1903 HOUSTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	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	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, BARBARA	3.2 NAME	
STREET ADDRESS	1300 MLKING DR #A1	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	
TITLE	PDC <input type="checkbox"/> DELETE	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	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COACHMAN, JUANITA	5.2 NAME	SD Coachman, Juanita
STREET ADDRESS	HWY 145 PO BOX 203	5.3 STREET ADDRESS	1514 Hudson St.
CITY-ST-ZIP	PINETTA FL	5.4 CITY-ST-ZIP	Madison Fla.
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 \_\_\_\_\_ DATE 1/07/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 0075796

CR2E037 (9/96)