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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1903 HOUSTON AVE. VALDOSTA GA 31602	Mailing Address 1903 HOUSTON AVE. VALDOSTA GA 31602
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3. Date Incorporated or Qualified 09/24/1992	
4. FEI Number 59-3135957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Country
24	25
29	30

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VATD	<input type="checkbox"/> DELETE
NAME	MATHIS, CATHERINE M.	
STREET ADDRESS	1903 HOUSTON AVE.	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUNEAL, ALEXANDER	
STREET ADDRESS	ROUTE 1 BOX 7	
CITY-ST-ZIP	PINETTA FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MCDANIEL, BARBARA	
STREET ADDRESS	1300 MLKING DR #A1	
CITY-ST-ZIP	MADISON FL	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MATHIS, ERIC J	
STREET ADDRESS	1903 HOUSTON AVE	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COACHMAN, JUANITA	
STREET ADDRESS	1514 HUDSON ST	
CITY-ST-ZIP	MADISON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>SD MCDANIEL, BARBARA</i>
3.3 STREET ADDRESS	<i>1300 MLKING DR. #A1</i>
3.4 CITY-ST-ZIP	<i>MADISON FL</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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]* **4/24/98** **912-259-5543**

CR2E037 (10/97)