

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90100 006 \*\*\*\*61.25

**DOCUMENT # N50992**

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3135957</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**MCDANIEL, FOREST**  
**616 W BUNKER ST**  
**MADISON FL 32340**

**7. Name and Address of New Registered Agent**  
 Name **McDaniel, Forrest**  
 Street Address (P.O. Box Number is Not Acceptable) **Rt. 4 Box 1330**  
**North 53**  
 City **Madison** FL Zip Code **32340**

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VATD MATHIS, CATHERINE M. 1903 HOUSTON AVE. VALDOSTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LUNEAL, ALEXANDER ROUTE 1 BOX 7 PINETTA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCDANIEL, BARBARA 26 W BUNKER ST MADISON FL 32340</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC MATHIS, ERIC J 1903 HOUSTON AVE VALDOSTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Ira Mae Alexander Rt. 3 Box 1647 Madison, Fl. 32346</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Luneal Alexander Route 1 Box 7 Pinetta, Fl.</b>	<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		<input 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		<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 like empowered.

**SIGNATURE:** *Eric J Mathis* **REQUIRED** *4-5-00* *(912) 333-5309*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)