

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90049 049 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

*PO Box 3002*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Valdosta GA*

Zip

Country

*31604-3002* *Louder*

4. FEI Number

**59-3135957**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE.



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, FOREST**  
~~RT 4 BOX 4000, NORTH 53~~ *105 NW Brookwood Ave*  
**MADISON FL 32340**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VATD</b> <b>MATHIS, CATHERINE M.</b> <b>1903 HOUSTON AVE.</b> <b>VALDOSTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ALEXANDER, LUNEIL</b> <b>ROUTE 1 BOX 7</b> <b>PINETTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MCDANIEL, BARBARA</b> <b>26 W BUNKER ST</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>MATHIS, ERIC J</b> <b>1903 HOUSTON AVE</b> <b>VALDOSTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ALEXANDER, IDA M</b> <b>RT 3 BOX 1647</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-23-02* *(229)333-5309*  
 Date Daytime Phone #

CR2E037 (9/01)