


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90328 012 \*\*\*\*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 P.O BOX 3002 VALDOSTA, GA 31604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3135957	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDANIEL, FOREST 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VATD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHIS, CATHERINE M.		NAME		
STREET ADDRESS	1903 HOUSTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	VALDOSTA, GA		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, LUNEIL		NAME		
STREET ADDRESS	ROUTE 1 BOX 7		STREET ADDRESS		
CITY-ST-ZIP	PINETTA, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCDANIEL, BARBARA		NAME	SD Juanita Cochran	
STREET ADDRESS	105 NW BROOKWOOD AVE.		STREET ADDRESS	1415 Hudson St.	
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP	Madison, Fl. 32340	
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHIS, ERIC J		NAME		
STREET ADDRESS	1903 HOUSTON AVE		STREET ADDRESS		
CITY-ST-ZIP	VALDOSTA, GA		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, IDA M		NAME		
STREET ADDRESS	RT 3 BOX 1647		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Eric J. Mathis</i>		Date: 04.17.04		Daytime Phone: 229-636-3683	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	