


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

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
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03012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3135957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCDANIEL, FOREST
 105 NW BROOKWOOD AVE.
 MADISON, FL 32340

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD MATHIS, CATHERINE M. 1903 HOUSTON AVE. VALDOSTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, LUNEIL ROUTE 1 BOX 7 PINETTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COACHARAN, JUANITA 1415 HUDSON ST. MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MATHIS, ERIC J 1903 HOUSTON AVE VALDOSTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, IDA M RT 3 BOX 1647 MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000254957
 03/07/05-80096-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 817, 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* **03-02-05** **229-292-5144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #