

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90272 029 ****61.25

UBR 1/02

DOCUMENT # N50992

1. Entity Name
MOUNT ZION HOUSE OF PRAYER HOLINESS CHURCH INC.



Principal Place of Business Mailing Address

**1903 HOUSTON AVE.
VALDOSTA GA 31602** **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 **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCDANIEL, FOREST
RT 4, BOX 1330, NORTH 33 105 NW Brookwood Ave
MADISON FL 32340

7. Name and Address of New Registered Agent

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 _____ (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 Florida Department of State

10. 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	ALEXANDER, LUNEIL	
STREET ADDRESS	ROUTE 1 BOX 7	
CITY-ST-ZIP	PINETTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDANIEL, BARBARA	
STREET ADDRESS	26 W BUNKER ST 105 NW Brookwood Ave	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	MATHIS, ERIC J	
STREET ADDRESS	1903 HOUSTON AVE	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALEXANDER, IDA M	
STREET ADDRESS	RT 3 BOX 1647	
CITY-ST-ZIP	MADISON FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *E. MCDANIEL* 04-29-03 (229) 630-3683

CR2E037 (10/02)