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NONPROFIT CORPORATION **ANNUAL REPORT**



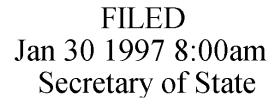
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N95000002758 (9) DOCUMENT # MT. ZION MISSIONARY BAPTIST INSTITUTIONAL CHURCH , INC.





	e of Business	Mailing Address						BI DIIBI 1817 BB?
535 W. WASHINGTON ST. ORLANDO FL 32802		535 W. WASHINGTON ST. ORLANDO FL 32801-2216						
						3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last 03/18/1	
	lace of Business	2a. Mailing Address				4. FEI Number 59-1036976	F	Applied For
Pristo And	# ato	26 Suite Act # 212				39 1030970		Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional Required
City & State	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	<u> </u>	untry		8. This corporation has liability for in	itangible tax under Yes 🔀 No	r s. 199.032,
4	9. Name and Address of Currer	29 29 Apant	30	1		Florida Statutes 10. Name and Address of New Reg		
	g. Hame and Address of Carrot	it trogratated Again		81	Name	10. Hame and Address of New Tree	natored Agent	
PI FDGE	, GORDON						·	
	WASHINGTON ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)	
	O FL 32802			83				
				84	City		85 Zi	p Code
	<u> </u>				Oity			p code
11. Pursuant t	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida, Such change was	ites, the a	above-	named corporation	oration submits this statement for the pu on's board of directors. I hereby accep	rpose of changing	g its registere
agent. I ar	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Sta	atutes.	· · · · · · · · · · · · · · · · · · ·	and board or an octoro, whereby abbep	то арропенот.	ao rogistoroa
SIGNATURE	Signature, typed or printed name of registered agr		SE SUCCES					
12.	OFFICERS AN		13.		nt signature require	o when reinstating) ADDITIONS/CHANGES TO OF FICE	DATE ERS AND DIRECTO	ORS IN 12
ITLE	D	DELETE		TITLE			Chang	
RAME :	white, ernest		1.2 8	NAME				
STREET ADDRESS	3242 W. CHURCH ST.		1.3 9	STREET A	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805		140	CITY-ST	- ZIP			
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NAME	SPARROW, LOUIS							_
	747 M/COTOA) E AV/C			NAME				_
	717 WESTDALE AVE.		2.3 5	STREET A	ADDRESS			
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DITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL 32805 D BETHEL, OSWALD	☐ DELETE	2.3 5 2.4 3.1 1 3.2 1 3.3 5	STREET A CITY-ST TITLE NAME	7-ZIP ADDRESS		☐ Chang	e Additii
CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32805 D BETHEL, OSWALD 2323 LAUDALE CT. ORLANDO FL 32805 D	☐ DELETE	2.3 5 2.4 3.1 1 3.2 1 3.3 5 3.4.	STREET A CITY-ST TITLE NAME STREET A	7-ZIP ADDRESS		☐ Chang	
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I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

1012 423-1023