

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002758

1. Entity Name

MT. ZION MISSIONARY BAPTIST INSTITUTIONAL CHURCH

Principal Place of Business

Mailing Address

535 W. WASHINGTON ST.
ORLANDO FL 32802

535 W. WASHINGTON ST.
ORLANDO FL 32801-2216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1036976

Applied For

Not Applicable

Zip
32801

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEDGE, GORDON
535 W. WASHINGTON ST.
ORLANDO FL 32802

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32801

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ERNEST	NAME	
STREET ADDRESS	3242 W. CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWSER, CLARENCE	NAME	
STREET ADDRESS	2700 SPRINGFIELD DR	STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	C/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEL, OSWALD	NAME	
STREET ADDRESS	2323 LAUDALE CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	C/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, PRINGEL	NAME	
STREET ADDRESS	4661 ALHAMA ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEDGE, GORDON	NAME	
STREET ADDRESS	5718 SPRINGMONTE CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDSTILL, STELLA	NAME	
STREET ADDRESS	3627 LAKE LAWNE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

(407) 423-0023

Daytime Phone #

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90009 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)