

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

12171

DOCUMENT # N95000002758

1. Entity Name

MT. ZION MISSIONARY BAPTIST INSTITUTIONAL CHURCH, INC.

02-25-2002 90077 017 ****70.00

Principal Place of Business

Mailing Address

535 W. WASHINGTON ST.
 ORLANDO FL 32802

535 W. WASHINGTON ST.
 ORLANDO FL 32802

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

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEDGE, GORDON
535 W. WASHINGTON ST.
ORLANDO FL 32801

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.

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

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

TITLE Delete
 NAME **C**
ENGRAM, GEORGE
 STREET ADDRESS **2555 MESSINA AVE**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **C**
BOWSER, CLARENCE
 STREET ADDRESS **2700 SPRINGFIELD DR**
 CITY-ST-ZIP **OCOOEE FL 34761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CT**
BETHEL, OSWALD
 STREET ADDRESS **2323 LAUDALE CT.**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CT**
SIMMONS, PRINGEL
 STREET ADDRESS **4661 ALHAMA ST.**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
PLEDGE, GORDON
 STREET ADDRESS **5718 SPRINGMONTE CT.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE Delete
 NAME **S**
STUDSTILL, STELLA
 STREET ADDRESS **3627 LAKE LAWNE AVE.**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change 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: *Gordon Pledge* / *George Engram* / *Clarence Bowser* / *Oswald Bethel* / *Pringel Simmons* / *Stella Studstill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/7/02 (407) 291-2986 Daytime Phone #

CR2E037 (9/01)