

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703684 (1)
1. Corporation Name
MT ZION GOD CHURCH THE HOUSE OF UNITY, INC.



Principal Place of Business Mailing Address
**844 NW 13TH TERR.
FORT LAUDERDALE FL 33311
US** **822 NORTHWEST 4TH ST /UNITY INC
FT LAUDERDALE FL 33311-9020**

3. Date Incorporated or Qualified **03/08/1962** 3a. Date of Last Report **03/17/1995**
4. FEI Number **70-3684160** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**JACKSON, WILLIE
822 NORTHWEST 4TH ST
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUCKER, JOHNNIE	1.2 NAME	
STREET ADDRESS	3469 NW 25TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, IDA MAE	2.2 NAME	
STREET ADDRESS	641 S.W. 29TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, WILLIE	3.2 NAME	
STREET ADDRESS	822 NW 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	THOMAS, DIANE	4.2 NAME	CARRIE JACKSON
STREET ADDRESS	919 NW 12TH TERRACE	4.3 STREET ADDRESS	437 N.W. 7th Terrace AFB# B
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RUCKER, EARLEEN	5.2 NAME	
STREET ADDRESS	3469 NW 25TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DAILEY, BEN	6.2 NAME	
STREET ADDRESS	1530 NW 8TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Willie Jackson

Willie Jackson 2-18-96 467-1374

CR2E037 (12/95)