

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703684

1. Entity Name

MT ZION GOD CHURCH THE HOUSE OF UNITY, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90387 007 \*\*\*\*61.25

0091964

Principal Place of Business  
844 NW 13TH TERR.  
FORT LAUDERDALE FL 33311  
US

Mailing Address  
822 NORTHWEST 4TH ST /UNITY INC  
FT LAUDERDALE FLA 33311-9020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 70-3684160

Applied For  
Not Applicable

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

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

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

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

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | RUCKER, JOHNNIE          |                                            |
| STREET ADDRESS | 3469 NW 25TH ST.         |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL        |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | MCDONALD, IDA MAE        |                                            |
| STREET ADDRESS | 761 NW 12 AVE #C         |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33311 |                                            |
| TITLE          | P                        | <input type="checkbox"/> Delete            |
| NAME           | JACKSON, WILLIE          |                                            |
| STREET ADDRESS | 822 NW 4TH ST.           |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL        |                                            |
| TITLE          | S                        | <input checked="" type="checkbox"/> Delete |
| NAME           | OSBORNE, JANIE           |                                            |
| STREET ADDRESS | 1700 NW 46TH AVE #56     |                                            |
| CITY-ST-ZIP    | LAUDERHILL FL 33313      |                                            |
| TITLE          | T                        | <input type="checkbox"/> Delete            |
| NAME           | RUCKER, EARLEEN          |                                            |
| STREET ADDRESS | 3469 NW 25TH ST          |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL        |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | DAILEY, BEN              |                                            |
| STREET ADDRESS | 1530 NW 8TH ST.          |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL        |                                            |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |                                                                              |
| STREET ADDRESS | 753 N.W. 12 AVE # C        |                                                                              |
| CITY-ST-ZIP    | SAME                       |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          | S                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | CARRIE JACKSON             |                                                                              |
| STREET ADDRESS | 532 N.W. 19TH AVE. APT # W |                                                                              |
| CITY-ST-ZIP    | FT. LAUDERDALE, FLA. 33311 |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Johnnie S. Rucker*

4-23-201 (954) 486-0505

Date

Daytime Phone #

CR2E037 (10/00)