2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 703684

1. Entity Name

Principal Place of Business

MT ZION GOD CHURCH THE HOUSE OF UNITY, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90334 019 ****61.25

844 NW 13TH TERR. FORT LAUDERDALE FL 33311 US			822 NORTHWEST 4TH ST /UNITY INC FT LAUDERDALE FLA 33311-9020				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	SING (111) A ARAY (A11) BIG(A12) A1	n (3 n 101(n 101) n 1	EN 818N 18 2 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 70-3684160 Applied For Not Applicable					
Zip Country		Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
					Nai	Name					
JACKSON, WILLIE 822 NORTHWEST 4TH ST					Stre	Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33311					City	, , , , , , , , , , , , , , , , , , , ,		FL	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE:	Circonium turoui	or printed name of registered agent a	- d Mat. 75								
			ind title ii app	incapie. (NOTE: I	Hegistered Agent	signature require	d when reinstating)	DATE	.,,		
FILE NOW: FEE IS \$61.25			9. Election Campaign Trust Fund Contribu		•	ng	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
40		OSSIGNO AND DIE			*						
10.	D	OFFICERS AND DIF	ECTORS	<u></u>	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DI			
TITLE NAME	RUCKER, J	•		Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	3469 NW 2				STREET ADDR	ESS				}	
CITY-ST-ZIP	FT. LAUDE				CITY-ST-ZIP						
TITLE	D			☐ Delete	TITLE				☐ Change	Addition	
NAME		d, ida mae			NAME						
STREET ADDRESS	753 NW 12	–			STREET ADDR	ESS					
CITY-ST-ZIP		DERDALE FL 33311			CITY-ST-ZIP						
TITLE	P	11 at 1 at		☐ Delete	TITLE	Λ.			☐ Change	☐ Addition	
NAME	JACKSON,				NAME						
STREET ADDRESS CITY-ST-ZIP	822 NW.41				STREET ADDR	:\$8					
	FT. LAUDE	NUALE FL							——————————————————————————————————————		
TITLE NAME	JACKSON,	CARRIE		☐ Delete	TITLE NAME	İ			Change	☐ Addition	
STREET ADDRESS		TH AVE APT. #W			STREET ADDR	ess				1	
CITY-ST-ZIP		L FL 33313			CITY-ST-ZIP						
TITLE	T			☐ Delete	TITLE				Change	Addition	
NAME	RUCKER, E	ARLEEN			NAME						
	3469 NW 2	5TH ST			STREET ADDRI	:SS					
CITY-ST-ZIP	FT. LAUDE	RDALE FL			CITY-ST-ZIP			<u></u>			
TITLE	D		,	Delete	TITLE	D		1	☐ Change	Addition	
NAME ,	DAILEY, BE			/	NAME	MAR	Y WALKER	LOWE th TERRACE .FL 33311			
STREET ADDRESS	1530 NW 8				STRÈET ADDRE	ss // 0	8 NW 23	th I to 14,00			
CITY-ST-ZIP	FT. LAUDE	rdale fl			CITY-ST-ZIP	FT.	Lauden dele	.FL 33711			

12. I hereby certify that the information supplied with this filling 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 chall 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 REQUIPÆD

4-19-202

954-486-0505