### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

#### **DOCUMENT # 710454**

## ZION HILL MISSIONARY BAPTIST CHURCH, INCORPORATE

Principal Place of Business 2385 N.W. 60TH STREET

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI FL 33142

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Mailing Address

2385 N.W. 60TH STREET MIAMI FL 33142

2a. Mailing Address

Suite, Apt. #, etc.

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# FILED May 24, 1999 8:00 am § Secretary of State

05-24-1999 90020 005 \*\*\*\*61.25



3. Date Incorporated or Qualifed

03/01/1966

65-0058796

4. FEI Number

City & State	e		City & State	•		5. Certificate of Status Desired  \$8.75 Additional
23		28				5. Certificate of Status Desired Fee Required
Zip	Country	<i>′</i>	Zip Co			6. Election Campaign Financing \$5.00 May Be
24	25 29 30			30	Trust Fund Contribution Added to Fees	
	9. Name and Addre	ss of Current Regis	tered Agent			10. Name and Address of New Registered Agent
				81	Nam	ame
SHELTON-WILLIAMS, MARY					Stree	treet Address (P.O. Box Number is Not Acceptable)
1323 NW 15 AVENUE						
FORT LAUDERDALE FL 33311						
TOTT ENOBERDADE TE GOOTT				84	City	ity 85 Zip Code
				ļ	•	" FL     `
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 annicable (NOTE:	Registered Ager	nt signatur	nature required when reinstating) DATE
12.		FFICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE		1.1 TITLE		Change Addition	
NAME	PERSONS, JIMMIE L REV		1.2 NAME			
STREET ADDRESS	13233 SW 255TH TE			1.3 STREET	ADDRES	RESS
CITY-ST-ZIP	MIAMI FL	<b>.</b>		1.4 CITY-S	T-Z!P	
TITLE	SD		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHELTON-WILLIAMS	. MARY		2.2 NAME		
STREET ADDRESS	1323 N.W. 15 AVE	,,		2.3 STREET	ADDRES	RESS
CITY-ST-ZIP	FT LAUDERDALE FL			2. 4 CITY-S	T-ZIP	
TITLE	TD		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, CHARLIE			3.2 NAME		
STREET ADDRESS	5240 NW 30 PL			3.3 STREE	T ADDRES	RESS
CITY-ST-ZIP	MIAMI FL			3.4. CITY-S	ST- ZIP	,
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREE	T ADDRES	RESS
CITY-ST-ZIP				4.4 CITY+S	T-ZIP	
TITLE		-	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS	· ·			5.3 STREE	TADDRES	RESS
City-St-ZIP				5.4 CITY-S	T-ZIP	
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADORESS				6.3 STREE	T ADDRES	RESS
CITY-ST-ZIP				6.4 CITY-S		
14. I hereby o	certify that the informatio	n supplied with this f	iling does not qualify for	the exempt	ion sta	stated in Section 119.07(3)(i), 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 ar 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 chapted, or on an attachment with an address, with all other like empowered.

MARySholton W:11. Ams 5-21-99-c

Applied For

Not Applicable