

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727973 (0)**  
 1. Corporation Name  
**MOUNT ZION PENTECOSTAL CHURCH OF CHRIST, INC.**



Principal Place of Business <b>8901 NW 8TH AVE MIAMI FL 33150</b>	Mailing Address <b>8901 NW 8TH AVE MIAMI FL 33150</b>
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3. Date Incorporated or Qualified <b>11/08/1973</b>	3a. Date of Last Report <b>06/12/1995</b>
4. FEI Number <b>59-1803926</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ZYNE, PHILIP M 1 SE 3 AVE., #2150 MIAMI FL 33131</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<b>D LUE. ELLA BARNES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURNETT, (RUBY)</b>	12 NAME	
STREET ADDRESS	<b>8901 N.W. 8 AVENUE</b>	13 STREET ADDRESS	<b>1310 NW 53 ST. FLA. Vice President</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<del>SECRETARY</del> <input checked="" type="checkbox"/> DELETE	1 TITLE	<b>UNA O'BRIEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SECRETARY</del>	22 NAME	
STREET ADDRESS	<del>8901 N.W. 8 AVENUE</del>	23 STREET ADDRESS	<b>8901 NW 8th Ave</b>
CITY - ST - ZIP	<del>MIAMI FL</del>	24 CITY - ST - ZIP	<b>MIAMI FLA</b>
TITLE	<del>SECRETARY</del> <input checked="" type="checkbox"/> DELETE	31 TITLE	
NAME	<del>SECRETARY</del>	32 NAME	
STREET ADDRESS	<del>8901 N.W. 8 AVENUE</del>	33 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL</del>	34 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	
NAME	<b>FLOWERS, OLIVER</b>	42 NAME	
STREET ADDRESS	<b>8901 N.W. 8 AVENUE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<b>200001786202</b>
NAME		52 NAME	<b>-04/18/96--01110--022</b>
STREET ADDRESS		53 STREET ADDRESS	<b>***\$1.25</b>
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: **RUBY BURNETT** 3-12-96. 691-7843  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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