

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727973 (0)
1. Corporation Name
MOUNT ZION PENTECOSTAL CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address
8901 NW 8TH AVE 8901 NW 8TH AVE
MIAMI FL 33150 MIAMI FL 33150

3. Date Incorporated or Qualified 11/08/1973 3a. Date of Last Report 06/12/1995
4. FEI Number 59-1803926 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 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
ZYNE, PHILIP M
1 SE 3 AVE., #2150
MIAMI FL 33131
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BURNETT, (RUBY) <input type="checkbox"/> DELETE	11 TITLE	D LUE. ELLA BARNES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8901 N.W. 8 AVENUE	12 NAME	1310 NW 53 ST. FLA. Vice President
STREET ADDRESS	MIAMI FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE	11 TITLE	UNA O'Brien <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	22 NAME	8901 NW 8th Ave
STREET ADDRESS	SECRETARY	23 STREET ADDRESS	MIAMI FLA
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE	31 TITLE	
NAME	SECRETARY	32 NAME	
STREET ADDRESS	SECRETARY	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D FLOWERS, OLIVER <input type="checkbox"/> DELETE	41 TITLE	
NAME	8901 N.W. 8 AVENUE	42 NAME	
STREET ADDRESS	MIAMI FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	200001786292
NAME		52 NAME	-04/18/96--01110--022
STREET ADDRESS		53 STREET ADDRESS	***\$61.25
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
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: RUBK BURNETT 3-12-96. 691-7843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day- Daytime Phone #

CR2E037 (12/95)