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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **729940** (7)

1. Corporation Name
MT. ZION CHURCH OF THE LIVING GOD, INC.

Principal Place of Business 802 WEST GRIFFITH AVENUE CRESTVIEW FL 32536	Mailing Address 802 WEST GRIFFITH AVENUE CRESTVIEW FL 32536
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1974	3a. Date of Last Report 02/10/1994
4. FEI Number 59-3039626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
25	30

9. Name and Address of Current Registered Agent

**THOMAS, UZZIAH
802 W. GRIFFITH AVE.
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS, UZZIAH
STREET ADDRESS	802 W. GRIFFITH AVE.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	V
NAME	BENJAMIN, CHARLIE
STREET ADDRESS	815 W. WALNUT ST.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	S
NAME	THOMAS, ALICE
STREET ADDRESS	802 GRIFFITH AVE.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	T
NAME	THOMAS, MELISSA RENEE
STREET ADDRESS	802 W. GRIFFITH AVE.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	DONALSON, ABRAHAM, JR.
STREET ADDRESS	225 1/2 S. LINCOLN ST.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	MCDANIEL, JAMES
STREET ADDRESS	703 MCDONALD ST.
CITY-ST-ZIP	CRESTVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 117, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Uzziah Thomas* Uzziah thomas Feb. 25, 1995 (904) 682 4637