

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **06/14/1974**
3a. Date of Last Report: **03/01/1995**

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

4. FEI Number: **59-3039626**
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

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
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, UZZIAH	1.2 NAME	
STREET ADDRESS	802 W. GRIFFITH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, CHARLIE	2.2 NAME	
STREET ADDRESS	815 W. WALNUT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ALICE	3.2 NAME	
STREET ADDRESS	802 GRIFFITH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MELISSA RENEE	4.2 NAME	
STREET ADDRESS	802 W. GRIFFITH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALSON, ABRAHAM, JR.	5.2 NAME	
STREET ADDRESS	225 1/2 S. LINCOLN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JAMES	6.2 NAME	
STREET ADDRESS	703 MCDONALD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	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 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: Uzziah Thomas Date: 7-27-96 Telephone: (904) 682-4637

CR2E037 (12/95)