

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

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729940 (7)**  
 1. Corporation Name  
**MT. ZION CHURCH OF THE LIVING GOD, INC.**



Principal Place of Business <b>521 S. BOOKER ST CRESTVIEW FL 32536 US</b>	Mailing Address <b>802 W. GRIFFIN AVE. CRESTVIEW FL 32536 US</b>
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3. Date Incorporated or Qualified  
**08/14/1974**

4. FEI Number <b>59-3039626</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business <b>21 521 SOUTH BOOKER ST.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 802 W. GRIFFITH AVE</b> Suite, Apt. #, etc.
22 City & State <b>23 CRESTVIEW FLORIDA</b>	27 City & State <b>28 CRESTVIEW FLORIDA</b>
24 Zip <b>32536</b>	25 Country <b>OKALOOSA</b>
29 Zip <b>32536</b>	30 Country <b>OKALOOSA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 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	<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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, UZZIAH</b>	1.2 NAME	
STREET ADDRESS	<b>802 W. GRIFFITH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENJAMIN, CHARLIE</b>	2.2 NAME	
STREET ADDRESS	<b>815 W. WALNUT ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, ALICE</b>	3.2 NAME	
STREET ADDRESS	<b>802 GRIFFITH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, MELISSA RENEE</b>	4.2 NAME	
STREET ADDRESS	<b>802 W. GRIFFITH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONALSON, ABRAHAM, JR.</b>	5.2 NAME	
STREET ADDRESS	<b>225 1/2 S. LINCOLN ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDANIEL, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>703 MCDONALD ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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 MARCH.20.1998

CP2E037 (10/97)