

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90154 045 ****61.25

DOCUMENT # 729940

1. Entity Name

MT. ZION CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

**521 S. BOOKER ST
CRESTVIEW FL 32536
US**

Mailing Address

**802 W. GRIFFIN AVE.
CRESTVIEW FL 32536
US**

2. Principal Place of Business

521 s.booker st.

3. Mailing Address

807 w.griffew st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW FLA. 32536

City & State

CRESTVIEW FLA. 32536

4. FEI Number

59-3039626

Applied For

Not Applicable

32536

OKALOOSA

Zip

32536

Country

OKALOOSA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **UZZIAH THOMAS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-20-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, UZZIAH	NAME	
STREET ADDRESS	802 W. GRIFFITH AVE.	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, ROGERIC	NAME	
STREET ADDRESS	216 CREWILLA DR. NW	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREATS, ANNIE	NAME	
STREET ADDRESS	1231 ROOSEVELT ST.	STREET ADDRESS	
CITY-ST-ZIP	BAKER FL 32531	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONS, MAHALIA	NAME	
STREET ADDRESS	5804 JACK STOKES RD.	STREET ADDRESS	
CITY-ST-ZIP	BAKER FL 32531	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALSON, ABRAHAM, JR.	NAME	
STREET ADDRESS	225 1/2 S. LINCOLN ST.	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **UZZIAH THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME REQUIRED

CR2E037 (10/02)

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