

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # 738278 (1)**  
1. Corporation Name  
**MT. ZION BAPTIST CHURCH INCORPORATED**

**95 JAN 30 AM 9:57**

Principal Place of Business Mailing Address  
**301 N.W. 9TH ST. SUITE 603 MIAMI FL 33136-3315**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/21/1977** 3a. Date of Last Report **03/14/1994**  
4. FEI Number **59-0799910** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MOORE, A.D.  
301 N.W. 9TH ST.  
MIAMI FL 33136**

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 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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>T</b>
NAME	<b>MOORE, A.D.</b>
STREET ADDRESS	<b>301 N.W. 9TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	<b>VD</b>
NAME	<b>WILLIAMS, CHARLIE</b>
STREET ADDRESS	<b>301 NW 9 STR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b>
NAME	<b>KING, ARTHUR SR.</b>
STREET ADDRESS	<b>301 NW 9TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>WATERS, WILLIE</b>
STREET ADDRESS	<b>301 N.W. 9TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KING-SR. ARTHUR</b>
1.3 STREET ADDRESS	<b>301 N.W.9th STREET</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33136</b>
2.1 TITLE	<b>V/C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WILLIAMS, CHARLIE</b>
2.3 STREET ADDRESS	<b>301 N.W. 9th ST.</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33136</b>
3.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BURKE, VANESSA</b>
3.3 STREET ADDRESS	<b>301 N.W. 9th ST.</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL. 33136</b>
4.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>COX, DANIEL A.</b>
4.3 STREET ADDRESS	<b>301 N.W. 9th ST.</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FL. 33136</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MOORE, A. D.</b>
5.3 STREET ADDRESS	<b>301 N.W. 9th ST.</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL. 33136</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WATERS, WILLE</b>
6.3 STREET ADDRESS	<b>301 N.W. 9th ST.</b>
6.4 CITY-ST-ZIP	<b>MIAMI, FL. 33136</b>

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)(w), 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: Daniel A. Cox** DANIEL A. COX T/D 1/17/95 305-635-8783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Florida)