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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 738278 (1)
1. Corporation Name
THE HISTORIC MOUNT ZION MISSIONARY BAPTIST CHURCH, INCORPORATED



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

3. Date Incorporated or Qualified 03/21/1977
3a. Date of Last Report 01/25/1996

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, A.D. | 1.2 NAME | |
| STREET ADDRESS | 301 N.W. 9TH ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VCD <input type="checkbox"/> DELETE | 2.1 TITLE | VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, CHARLIE | 2.2 NAME | Whitehead, Aretha |
| STREET ADDRESS | 301 NW 9 STR. | 2.3 STREET ADDRESS | 301 N.W. 9th ST |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI, FL |
| TITLE | CD <input type="checkbox"/> DELETE | 3.1 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, ARTHUR SR. | 3.2 NAME | Abbitate Euphrates |
| STREET ADDRESS | 301 NW 9TH STREET | 3.3 STREET ADDRESS | 301 N.W. 9th ST |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | MIAMI, FL |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATERS, WILLIE | 4.2 NAME | Peterson, Walter |
| STREET ADDRESS | 301 N.W. 9TH ST. | 4.3 STREET ADDRESS | 301 N.W. 9th ST |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | MIAMI, FL |
| TITLE | TD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COX, DANIEL A. | 5.2 NAME | |
| STREET ADDRESS | 301 NW 9TH ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURKE, VANESSA | 6.2 NAME | |
| STREET ADDRESS | 301 NW 9TH ST. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | |

14. I do 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 Daniel A. Cox, Treasurer 02-01-97 305-379-4147

CR2E037 (9/96)