

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738278** (1)
1. Corporation Name
THE HISTORIC MOUNT ZION MISSIONARY BAPTIST CHURCH, INCORPORATED

Principal Place of Business 301 N.W. 9TH ST. MIAMI FL 33136-3315 US	Mailing Address 301 N.W. 9TH ST. MIAMI FL 33136-3315 US
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3. Date Incorporated or Qualified 03/21/1977	Applied For ☐ Yes ☒ No
4. FEI Number 59-0799910	Not Applicable

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

10. Name and Address of New Registered Agent

**MOORE, A.D.
301 N.W. 9TH ST.
MIAMI FL 33136**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITEHEAD, ARETHA	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 ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CHARLIE	2.2 NAME	
STREET ADDRESS	301 NW 9 STR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ABBOT EUPHRATES	3.2 NAME	
STREET ADDRESS	301 NW 9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	PETERSON, WALTER	4.2 NAME	
STREET ADDRESS	301 N.W. 9TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ 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 ☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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:

[Signature]

1/12/98 305-394147

CR2E037 (10/97)