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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738278

1. Corporation Name

THE HISTORIC MOUNT ZION MISSIONARY BAPTIST CHURC H. 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

FILED Mar 05, 1999 8:00 am § Secretary of State

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9. Name and Address of Current Registered Agent MOORE, A.D. 301 N.W. 9TH ST. MIAMI FL 33138 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 86 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0503, Florida Statutes. 87 Signature 88 Signature 89 Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. STREET ADDRESS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND		Country	Zip	Coun	itry	6. Election Campaign Financing	11 -
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12.	SIGNATURE	Standard or printed name of constored area	ot and title if applicable (NOT	F: Registered A	voent signature :	required when reinstating)	DATE
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CITY-ST-ZIP MIAMI FL 64 CITY-ST-ZIP MIAMI, FL. 33/36	NAME STREET ADDRESS	BURKE, VANESSA 301 NW 9TH ST.		1			ET

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, with all other like empowered.

SIGNATURE DANIE OF SENTED NAME OF SEALING OFFICER OF DIRECTOR

<u>2-19-99</u>

305 379-4147

CR2E037 (11/98