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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738278

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	27	03/21/1977
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-0799910	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	30	Country	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
26	Country	31	Country	Trust Fund Contribution	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C/D
NAME	WHITEHEAD, ARETHA	1.2 NAME	ABBITT, EUPHRATES
STREET ADDRESS	301 N.W. 9TH ST.	1.3 STREET ADDRESS	301 NW 9th STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33136
TITLE	VCD	2.1 TITLE	V/C/D
NAME	WILLIAMS, CHARLIE	2.2 NAME	WHITEHEAD, ARETHA
STREET ADDRESS	301 NW 9 STR	2.3 STREET ADDRESS	301 NW 9th STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33136
TITLE	CD	3.1 TITLE	T/D
NAME	ABBITT EUPHRATES	3.2 NAME	COX, DANIEL A.
STREET ADDRESS	301 NW 9TH STREET	3.3 STREET ADDRESS	301 NW 9th STREET
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33136
TITLE	D	4.1 TITLE	F/S/D
NAME	REV. RALPH M. ROSS	4.2 NAME	BURKE, VANESSA
STREET ADDRESS	301 N.W. 9TH ST.	4.3 STREET ADDRESS	301 NW 9th STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33136
TITLE	TD	5.1 TITLE	D
NAME	COX, DANIEL A.	5.2 NAME	REV. RALPH M. ROSS
STREET ADDRESS	301 NW 9TH ST.	5.3 STREET ADDRESS	301 NW 9th STREET
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33136
TITLE	SD	6.1 TITLE	D
NAME	BURKE, VANESSA	6.2 NAME	CRAPP, SETH
STREET ADDRESS	301 NW 9TH ST.	6.3 STREET ADDRESS	301 NW 9th STREET
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL. 33136

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: Daniel Cox **DANIEL A. COX** 2-19-99 305 379-4147
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)