2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2002 8:00 am Secretary of State **DOCUMENT # 738278** 1. Entity Name THE HISTORIC MOUNT ZION MISSIONARY BAPTIST CHURC 06-04-2002 90203 008 ****61.25 H, INCORPORATED Principal Place of Business Mailing Address 301 N.W. 9TH ST. 301 N.W. 9TH ST. MIAMI FL 33136-3315 MIAMI FL 33136-3315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0799910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALMER, PAMELA L Street Address (P.O. Box Number is Not Acceptable) 301 N.W. 9TH ST. **MIAMI FL 33136** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. dded to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE HUNTER, INE! ☐ Addition Change WHITEHEAD, REATHA NAME 301 N.W.9ThSt STREET ADDRESS 301 N.W. 9TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33136** CITY-ST-ZIP MIAMI, FI. 33/36 TITLE ☐ Delete TITLE ☐ Change Addition NAME BRANTLEY, ANNETTE W NAME STREET ADDRESS 301 NW 9TH STREET STREET ADDRESS CITY-ST-ZIE MIAMI-FL.33136 CITY-ST-ZIP TITLE CD Rogers, Linda 301 N.W. 9th Street Delete TITLE Change ☐ Addition NAME EUPHRATES, ABBITT NAME STREET ADDRESS 301 NW 9TH STREET STREET ADDRESS CITY-ST-ZIP Miami, FL. 33136 MIAMI FL 33136 CITY-ST-ZIP MD ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSS, RALPH M REV. NAME STREET ADDRESS 301 N.W. 9TH ST. STREET ADDRESS CITY-ST-7IP **MIAMI FL 33136** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CRAPP, SETH STREET ADDRESS 301 NW 9TH ST. STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if with all other like empowered

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

SD

MIAMI FL 33136

BURKE, VANESSA

301 NW 9TH ST.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition