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Apr 30 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 # 743448 (3)

1. Corporation Name

ZION TEMPLE HOLINESS CHURCH, INC.



Principal Place of Business

1410 FLORIDA STREET  
P.O. BOX 1983  
LAKE CITY FL 32055

Mailing Address

1410 FLORIDA STREET  
P.O. BOX 1983  
LAKE CITY FL 32055-2017

3. Date Incorporated or Qualified  
06/30/1978

3a. Date of Last Report  
03/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2742437

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCRAY, LUCIOUS  
RT. 7, BOX 186  
EAST WASHINGTON STREET  
LAKE CITY FL 32055

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 DC ☐ DELETE  
NAME ELLISON, DAVID L  
STREET ADDRESS 2050 FAIRVIEW ST  
CITY-ST-ZIP LAKE CITY FL

1.1 TITLE M ☐ Change ☒ Addition  
1.2 NAME SHELLMAN, NELSON  
1.3 STREET ADDRESS 5702 20TH AVENUE S.  
1.4 CITY-ST-ZIP TAMPA, FL 33619

TITLE P ☐ DELETE  
NAME MCCRAY, LUCIOUS  
STREET ADDRESS EAST WASHINGTON ST  
CITY-ST-ZIP LAKE CITY FL

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME GODWIN, ROBERTA  
2.3 STREET ADDRESS 9308 ATTENDURY DR  
2.4 CITY-ST-ZIP TAMPA, FL 33615

TITLE D ☐ DELETE  
NAME GRANT, DUKE  
STREET ADDRESS 1780 GEORGIA ST.  
CITY-ST-ZIP LAKE CITY FL

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME GORDON PEARL ANNIE  
3.3 STREET ADDRESS 2006 LAKE LOTELA DR.  
3.4 CITY-ST-ZIP AVON PARK, FL 33825

TITLE SD ☐ DELETE  
NAME WILSON, JOE A  
STREET ADDRESS RT. 1, BOX 258  
CITY-ST-ZIP LAKE CITY FL

4.1 TITLE T ☒ Change ☐ Addition  
4.2 NAME WILSON, JOE  
4.3 STREET ADDRESS RT 1 BOX 258  
4.4 CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D ☐ DELETE  
NAME MIZELL, SUSIE MAE  
STREET ADDRESS 1780 FOWLER ST  
CITY-ST-ZIP LAKE CITY FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME MONTGOMERY, MACY  
STREET ADDRESS RT 8, BOX 430  
CITY-ST-ZIP LAKE CITY FL

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME MONTGOMERY, MACY  
6.3 STREET ADDRESS RT. 8 BOX 430  
6.4 CITY-ST-ZIP LAKE CITY, FL 32055

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: Joe Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-97  
Date

904-752-5309  
Daytime Phone # 0000819

CR2E037 (9/96)