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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743448** (3)

1. Corporation Name

**ZION TEMPLE HOLINESS CHURCH, INC.**

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**06/30/1978**

4. FEI Number

**59-2742437**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 fee 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-STATE-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-STATE-ZIP **TAMPA, FL. 33619**

TITLE **P** ☐ DELETE  
NAME **MCCRAY, LUCIOUS**  
STREET ADDRESS **EAST WASHINGTON ST**  
CITY-STATE-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-STATE-ZIP **TAMPA FL. 33615**

TITLE **D** ☐ DELETE  
NAME **GRANT, DUKE**  
STREET ADDRESS **1780 GEORGIA ST.**  
CITY-STATE-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-STATE-ZIP **AVON PARK, FL. 33825**

TITLE **T** ☐ DELETE  
NAME **WILSON, JOE**  
STREET ADDRESS **RT. 1, BOX 258**  
CITY-STATE-ZIP **LAKE CITY FL**

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

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

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

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

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

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:

*Joe Wilson*

JOE WILSON

4-15-98 904-752-5309

CR2E037 (10/97)