

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 743448

1. Entity Name
ZION TEMPLE HOLINESS CHURCH, INC.



Principal Place of Business
1280 FLORIDA STREET
LAKE CITY, FL 32055

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



DO NOT WRITE IN THIS SPACE

02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2742437
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000152963
05/04/04-80107-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ELLISON, DAVID L
STREET ADDRESS	2050 FAIRVIEW ST
CITY-ST-ZIP	LAKE CITY, FL
TITLE	P
NAME	MCCRAY, LUCIOUS
STREET ADDRESS	EAST WASHINGTON ST
CITY-ST-ZIP	LAKE CITY, FL
TITLE	D
NAME	GRANT, DUKE
STREET ADDRESS	1760 GEORGIA ST.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	T
NAME	WILSON, JOE
STREET ADDRESS	RT. 1, BOX 258
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	MIZELL, SUSIE MAE
STREET ADDRESS	1780 FOWLER ST
CITY-ST-ZIP	LAKE CITY, FL
TITLE	D
NAME	MONTGOMERY, MACY
STREET ADDRESS	RT 8, BOX 430
CITY-ST-ZIP	LAKE CITY, FL 32055

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IN THIS SPACE**

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joe Wilson *Joe Wilson*

4-30-04

386-752 5309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #