

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90096 020 \*\*\*\*61.25

<b>DOCUMENT # 743448</b> 1. Entity Name <b>ZION TEMPLE HOLINESS CHURCH, INC.</b>					
Principal Place of Business <b>1280 FLORIDA STREET LAKE CITY, FL 32055</b>			Mailing Address <b>1410 FLORIDA STREET P.O. BOX 1983 LAKE CITY, FL 32055</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2742437</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCCRAY, LUCIOUS RT. 7, BOX 186 EAST WASHINGTON STREET LAKE CITY, FL 32055</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLISON, DAVID L		NAME		
STREET ADDRESS	2050 FAIRVIEW ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P		NAME		
STREET ADDRESS	MCCRAY, LUCIOUS		STREET ADDRESS		
CITY-ST-ZIP	EAST WASHINGTON ST		CITY-ST-ZIP		
CITY-ST-ZIP	LAKE CITY, FL		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	D		NAME	D	
STREET ADDRESS	GRANT, DUKE		STREET ADDRESS	BERNARD MCCRAY	
CITY-ST-ZIP	1760 GEORGIA ST.		CITY-ST-ZIP	162 NE LARGO PL	
CITY-ST-ZIP	LAKE CITY, FL		CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	T		NAME	D	
STREET ADDRESS	WILSON, JOE		STREET ADDRESS	WILSON, JOE	
CITY-ST-ZIP	RT. 1, BOX 258		CITY-ST-ZIP	173 NW CARRIE CT	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D		NAME		
STREET ADDRESS	MIZELL, SUSIE MAE		STREET ADDRESS		
CITY-ST-ZIP	1780 FOWLER ST		CITY-ST-ZIP		
CITY-ST-ZIP	LAKE CITY, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D		NAME	T	
STREET ADDRESS	MONTGOMERY, MACY		STREET ADDRESS	MONTGOMERY, MACY	
CITY-ST-ZIP	RT 8, BOX 430		CITY-ST-ZIP	950 NW FLORIDA AVE	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32055	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Joe Wilson</u> <b>JOE WILSON</b>			4-10-06 386 752 5309		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		