

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 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**



02232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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	MCCRAY, BERNARD
STREET ADDRESS	162 NE LARGO PL
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	WILSON, JOE
STREET ADDRESS	173 NW CARRIE CT
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	T
NAME	MONTGOMERY, MACY
STREET ADDRESS	950 NW FLORIDA AVE
CITY-ST-ZIP	LAKE CITY, FL 32055

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04/27/07-80060-004 61.25

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IN THIS SPACE**

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.

SIGNATURE:

Joe Wilson **JOE WILSON**

4-18-07

Date

386 752-5309

Daytime Phone #