

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743448

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** ZION TEMPLE HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

1280 FLORIDA AVE.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

1280 FLORIDA AVE.  
P.O. BOX 1983  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-2742437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCRAY, LUCIOUS  
186 NE OKINAWA ST.  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: ELLISON, DAVID L  
Address: 1078 NE FAMU LN  
City-St-Zip: LAKE CITY, FL 32055

Title: P ( ) Delete  
Name: MCCRAY, LUCIOUS  
Address: 186 NE OKINAWA ST.  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: MCCRAY, BERNARD  
Address: 162 NE LARGO PL  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: WILSON, JOE  
Address: 173 NW CARRIE CT  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: MIZELL, SUSIE MAE  
Address: 1780 FOWLER ST  
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete  
Name: WILSON, MACY  
Address: 950 NW FLORIDA AVE  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE WILSON

D

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date