FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-1496 Pr 1426 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744499 (5)

1. Corporation Name

MT. ZION PRIMITIVE BAPTIST CHURCH OF MOUNT DORA, FLORIDA, INC.

Principal Place of Business	Mailing Address
6602 OLD HWY 441 SOUTH MOUNT DORA FL 32757	6602 OLD HWY 441 SOUTH MOUNT DORA FL 32757

3. Date Incorporated or Qualified: 10/04/1978

3a. Date of Last Report: 02/10/1995

2. Principal Place of Business

21 OLD Hwy 441 So.
22 Suite, Apt. #, etc
23 City & State: MT. Dora FL.
24 Zip: 32757
25 Country: Orange

2a. Mailing Address

26 6602 Old Hwy 441 So.
27 Suite, Apt. #, etc: MT. Dora Florida
28 City & State: 32757
29 Zip:
30 Country: ORANGE

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

BABBS, BEULAH T.
6602 OLD HWY 441 SOUTH
MOUNT DORA, FL. 32757

10. **Name and Address of New Registered Agent**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BABBS, BEULAH T.		12 NAME		
STREET ADDRESS	6602 OLD HWY 441 SOUTH		13 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TORRENCE, BOBBY J.		22 NAME		
STREET ADDRESS	6602 OLD HWY 441 SOUTH		23 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	TORRENCE, BESSIE		32 NAME		
STREET ADDRESS	6602 OLD HWY 441 SOUTH		33 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	TORRENCE, MAUDE		42 NAME		
STREET ADDRESS	6602 OLD HWY 441 SOUTH		43 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Beaulah T. Babbs Beaulah T. BABBS 3/8/96 (904) 383-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #