

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90073 012 ****61.25

DOCUMENT # N00000004309

1. Entity Name

MOUNT ZION CHRISTIAN CENTER, INCORPORATED

Principal Place of Business

15119 SW 35TH CIR.
OCALA FL 34473

Mailing Address

15119 SW 35TH CIR.
OCALA FL 34473

Principal
place of
business



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Sheffield Plaza

Suite, Apt. #, etc.

2201 Unit 2 SW 48th Rd

City & State

Ocala, FL

3. Mailing Address

10985 SW 48th Ter

Suite, Apt. #, etc.

Ocala, FL

City & State

Ocala, FL

4. FFI Number

59-36590-79

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SATCHELL, BRUCE E
15119 SW 35TH CIR.
OCALA FL 34473

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE Bruce E Satchell Sr. Bruce E Satchell Sr. 2/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	SATCHELL, SR., BRUCE E PASTOR	
STREET ADDRESS	15119 SW 35TH CIR.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SATCHELL, PHEOBIE A PASTOR	
STREET ADDRESS	15119 SW 35TH CIR.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANIER, AGNES L	
STREET ADDRESS	210 NW 125TH AVE.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10985 SW 48th Terrace
CITY-ST-ZIP	Ocala, FL 34474
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10985 SW 48th Terrace
CITY-ST-ZIP	Ocala, FL 34474
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE: Bruce E Satchell Sr. Bruce E. Satchell Sr. 2/8/01 (352) 402-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037(10/00)