

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000007615****1. Entity Name**

MT. ZION APOSTOLIC HOLINESS TEMPLE, INC.

Principal Place of Business**Mailing Address**

1890 NW 5TH WAY

1890 NW 5TH WAY

POMPANO BCH
33060

FL

POMPANO BCH
33060

FL

2. Principal Place of Business

1704 WHARF LANE

3. Mailing Address

1704 WHARF LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES

FL

City & State

GREENACRES

FL

Zip

33463

Country**Zip**

33463

Country**4. FEI Number****65-1055346****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWASHINGTON VICK
1890 NW 5TH WAYPOMPANO BCH
33060

FL

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

WASHINGTON VICK

Street Address (P.O. Box Number is Not Acceptable)
1704 WHARF LANE**City**

GREENACRES

FL**Zip Code**
33463

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 _____ **06/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 | <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 | |
| 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D |
| STREET ADDRESS | SCOTT SHARON AD |
| CITY-ST-ZIP | 9086 INDIAN RIVER RUN BOYNTON BEACH FL 33437 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V/D |
| STREET ADDRESS | WASHINGTON KNADIA KV/D/S/T |
| CITY-ST-ZIP | 1704 WHARF LANE GREENACRES FL 33463 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P/D |
| STREET ADDRESS | WASHINGTON VICK GP/D/C |
| CITY-ST-ZIP | 1704 WHARF LANE GREENACRES FL 33463 |
| 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)(f), 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:

Knadia Washington

V/D

06/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)