

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N15538

1. Entity Name
GREATER NEW MT. ZION HOLINESS, INC.



Principal Place of Business
**1329 FRANCIS ST.
JACKSONVILLE, FL 32209-6419**

Mailing Address
**1329 FRANCIS ST.
JACKSONVILLE, FL 32209-6419**



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DIXON, RICHARD
1329 FRANCIS ST.
JACKSONVILLE, FL 32209**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

100000303086
04/13/05-80099-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIXON, RICHARD
STREET ADDRESS	2014 W 9TH STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32209

TITLE	T
NAME	RICKS, ARLEAN
STREET ADDRESS	2268 W 18TH ST
CITY - ST - ZIP	JACKSONVILLE, FL 32209

TITLE	DT
NAME	DIXON, ALTAMESE
STREET ADDRESS	2335 W 16TH ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32209

TITLE	T
NAME	FRAZIER, EDNA M.
STREET ADDRESS	2487 W. 23RD ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32209

TITLE	D
NAME	MERCER, JAMES
STREET ADDRESS	PO BOX 2531
CITY - ST - ZIP	JACKSONVILLE, FL 32203

TITLE	T
NAME	REED, WILLIE
STREET ADDRESS	1955 MOREHOUSE RD.
CITY - ST - ZIP	JACKSONVILLE, FL 32209

**DO NOT WRITE
IN THIS SPACE**

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 supplement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #