

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19504

1. Entity Name

MOUNT ZION GLORIOUS CHURCH OF GOD IN CHRIST, INC

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90068 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1208 W. CENTRAL  
ORLANDO FL 32801  
US

1208 W. CENTRAL  
ORLANDO FL 32805-1815  
US

2. Principal Place of Business

3. Mailing Address

Mount Zion Glorious Church of God  
Suite, Apt. #, etc. In Christ, Inc.

1208 W. Central  
Suite, Apt. #, etc.

City & State

City & State

Orlando, Fla.

4. FEI Number

05-0171100

Applied For

Not Applicable

Zip

Country

Zip

Country

32805-1815 United States

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, ELDER WILLIE, SR.  
6912 RIVER OAK ROAD  
APT. 104  
ORLANDO FL 32818

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Delete  
NAME SCOTT, ELDER WILLIE, SR.  
STREET ADDRESS 6912 RIVER OAK ROAD, APT. 104  
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STEPHENS, LOVELY  
STREET ADDRESS 2528 JOHN BRUCE AVENUE  
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☐ Delete  
NAME BALLARD, MARCIA E  
STREET ADDRESS 4644 CEPEDA STREET  
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Ellder Willie Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

Date

407-290-2886

Daytime Phone #

CR2E037 (9/99)