

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90120 050 \*\*\*\*70.00

0026383

**DOCUMENT # N19504**

1. Entity Name

**MOUNT ZION GLORIOUS CHURCH OF GOD IN CHRIST, INC**

Principal Place of Business

1208 W. CENTRAL  
 ORLANDO FL 32801-1815  
 US

Mailing Address

1208 W. CENTRAL  
 ORLANDO FL 32801-1815  
 US

2. Principal Place of Business

*MOUNT ZION GLORIOUS CHURCH OF  
 GOD IN CHRIST, INC*

3. Mailing Address

*1208 W. Central*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Orlando, Fla.*

Zip

Country

Zip

Country

*32805-1815 United States*

4. FEI Number

**05-0171100**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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 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: *William Scott***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)