## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N19504**

1. Entity Name

MOUNT ZION GLORIOUS CHURCH OF GOD IN CHRIST, INC

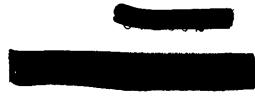
Principal Place of Business

Mailing Address

1208 W. CENTRAL ORLANDO FL 32801-1815 1208 W. CENTRAL ORLANDO FL 32805-1815

**FILED** Sep 30, 2002 8:00 am Secretary of State

09-09-2002 90026 009 \*\*\*\*70.00



L					
	Place of Business  + Zion Gloridus Church 1208 W. C	entral Blrd.			
Suite, Ap	it. #, etc. Or Co. J. T. C. Chr. Ch. Suite. Apt. #, etc.	quijon piva	<del> </del>	E IN THIS SPACE	
City & Sta	ateblive. City & State	G.	4. FEI Number 05-0171100	Applied For	
- <i>3</i> 250	7	2 Country		Not Applicable \$8.75 Additional	
-Daily	5	United State	- Action to the second	Fee Required	
	The second of Salterit Hogistoreu Agent	Name	7. Name and Address of New Re	gistered Agent	
-0912 RIVE	ELDER WILLIE, SR. <del>ER OAK ROAD-</del> 1715 Mercy Drive	Street Address	reet Address (P.O. Box Number is Not Acceptable)		
ORLANDO	Al+ # 102 Octando, F/a 32809	City		FL Zip Code	
8. The above	e named entity submits this statement for the purpose of changing its re	egistered office or registe	ared agent or both in the State of Flori	do Lom familiar with and asset	
the obliga	tions of registered agent.	•		za. Fairi tarrinar with, and accept	
CICNATIADE	•			•	
SIGNATURE		Registered Agent signature require	of when reinstation)	DATE	
· · ·	7 . 91			DATE	
	After September 13, 2002, 9. Election Camp min. will be \$236.25. Trust Fund Co	paign Financing ntribution.		Check Payable to partment of State	
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS (OHANOSS TO OSSIGNED		
TITLE	P/D Delete		ADDITIONS/CHANGES TO OFFICERS		
NAME	SCOTT, ELDER WILLE, SR. 1715 Mercy De	1200	retary		
STREET ADDRESS	6012 RIVER OAK ROAD, APT. 104-12 01 # KIZ	STREET ADDRESS	illey Routhac Drive		
CITY-ST-ZIP	Orlando Fla. 32908	CITY-ST-ZIP OLIG	140, F/9. 328/0		
TITLE	STEPHENS LOVELY D	TITLE		☐ Change ☐ Addition	
NAME Street Adoress:	STEPHENS, LOVELY V 2528-JOHN BRUCE AVENUE	NAME			
CITY-ST-ZIP	ORLANDO FL 32811	- STREET ADDRESS			
TITLE	CD	<u> </u>	The state of the s		
NAME	BALLARD, MARCIA E D	TITLE		Change Addition	
Street Adoress	4844 CEPEDA STREET	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811	CITY-ST-ZIP			
ITILE	☐ Delete	TITLE			
NAME		NAME		☐ Change ☐ Addition	
STREET ADORESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		1	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	·	NAME			
STREET ADORESS City-St-Zip		STREET ADDRESS		-	
		CITY-ST-ZIP			
TITLE NAME	_ Delete	TITLE	-	☐ Change ☐ Addition	
STREET ADORESS		NAME			
CITY-ST-ZIP	i i	STREET ADDRESS			
	artify that the information supplied with this filling does not qualify for the	CITY-ST-ZIP			
		nezempton stated in Soc	tion 110 07/31/i) Clorida Ctatutas I fuer		

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 changed, or on an attachment with an address, with all other like empowered.

407-290-2886 Daytime Phone #.