

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90016 048 \*\*\*\*70.00

**DOCUMENT # N19504**

1. Entity Name

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



Principal Place of Business

**MNT ZION GLRS CHR OF GOD IN CHRIST INC.**  
**1208 W. CENTRAL**  
**ORLANDO FL 32805**  
**US**

Mailing Address

**1208 W. CENTRAL**  
**ORLANDO FL 32805-1815**  
**US**

2. Principal Place of Business

**MNT ZION GLRS Chr of God in**

**Suite, Apt. #, etc. Christ Inc.**

**1208 W. Central**

**Orlando, FL.**

**32805**

**US**

3. Mailing Address

**1208 W. Central**

**Suite, Apt. #, etc.**

**Orlando, FL.**

**32805-1815**

**US**



☐ CHECK HERE IF MAKING CHANGES

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.**  
**1715 MERCY DRIVE**  
**AOT #102**  
**ORLANDO FL 32808**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ Delete  
NAME **SCOTT, ELDER WILLIE, SR.**  
STREET ADDRESS **1715 MERCY DR APT #102**  
CITY-ST-ZIP **ORLANDO FL 32808**

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 **S** ☐ Delete  
NAME **ROULHAC, SHIRLEY**  
STREET ADDRESS **2871 GAMMA DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32810**

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  
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: **Elder Willie Scott Sr.**

**1/6/03 407-290-2886**

CR2E037 (10/02)