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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24966** **(6)**

1. Corporation Name

MT. ZION EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
4029 N. MIAMI AVE. MIAMI FL 33127-2809 6720 CK.E. 5 AVE MIAMI FL 33138	P.O. BOX 202 MIAMI FL 33168

2. Principal Place of Business
21 6720 CK.E. 5 AVE
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL.
24 Zip: 33138 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 02/23/1988

4. FEI Number: 65-0510963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHERFILS, CIVILIEN
735 N.W. 124TH STREET
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHERFILS, CIVILIEN		1.2 NAME		
STREET ADDRESS	735 NW 124 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHERFILS, CIRIUS		2.2 NAME		
STREET ADDRESS	281 N.E. 171ST TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33162		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOLINE, RELIA		3.2 NAME		
STREET ADDRESS	11090 N.E. 12TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHERFILS, ALPHONCE		4.2 NAME		
STREET ADDRESS	465 N.E. 15TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33162		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PIERRE, OTELBERT		5.2 NAME		
STREET ADDRESS	1275 N.W. 126TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NONORME, LUC		6.2 NAME		
STREET ADDRESS	1481 N.E. 118TH TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2-20-98 305 754-0098