FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N48886

(8)

FILED Feb 10 1998 8:00am Secretary of State

MT. ZION CHRISTIAN CHURCH, INC.									
Principal Plac	e of Business	Mailing Address				4 ORBIGION DIG BIRDI (BIDI OBIDI IBIDI BIR BIR BIR GORF DIDIZ DID		JII 01011 1001	
BASS RD. RT (LIVE OAK FL 3 US		PO BOX 1433 LIVE OAK FL 32060 US				3. Date incorporated or Qualified 05/08/1992 4. FEI Number Applied For			
						NOT APPLICABLE		t Applicable	
	lace of Business	2a. Mailing Address					8.75	Additional	
21 12.15	4 BASS ROAD	26					Fee Re		
Sulte, Apt.	#, U IC.	Suite, Apt. #, etc.					55.00 M Added to		
City & State	6	City & State				7. Is this nonprofit corporation a homeowners association?			
23 LIVE	OAK, FLORIDA	28				☐ Yes 🔯 No			
Zip Dogać	Country	Zip				8. This corporation owes or has paid the current year Intangible			
24 320 <i>0</i>	9, Name and Address of Curren	29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	S. Name and Address of Correct	Luadistaten Whatit	8	31	Name	10. Name and Address of New Registered Age	<u> </u>		
COLUMN TOWNY									
12544 BASS ROAD				32	Street Addres	ss (P.O. Box Number is Not Acceptable)			
LIVE OAK FL 32080				33					
			A	14	City	8	5 Zip (Code .	
						FL:	Ĭ .		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13,	10011	signature requirati	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTOR	S IN 12	
TITLE	D DELETE 1.1		1.1 TITLE	E			Change	Addition	
NAME	Bass, andrew C.		1.2 NAN		ĺ				
STREET ADDRESS	12675 129TH RD		1.3 STREET ADDRESS		IDDRESS				
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY - ST - ZIP		- ZIP			T-1 A 1000	
TITLE	D D	L) DELETE	2.1 TITLE			Ц	Change	Addition	
NAME	BASS, JOAN R. 12675 129TH RD			2.2 NAME					
STREET ADDRESS	LIVE OAK FL			2.3 STREET ADDRESS 2.4 City-St-Zip					
CITY-ST-ZIP TITLE	D	DELETE	2.4 CHY		-212		Change	Addition	
NAME	COLLINS, TOMMYE	-		3.2 NAME		_	•		
STREET ADDRESS	12544 BASS ROAD		3.3 STREET ADDRESS		ODRESS				
CITY-ST-ZIP	LIVE OAK FL	JVE OAK FL 3.4		/- ST	- ZIP				
TITLE	-	DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM						
STREET ADDRESS					DORESS			{	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE		- ZIP	The state of the s	Change	Addition	
NAME			5.2 NAM			LJ .	Onange	- Addition	
STREET ADDRESS			5.3 STRE		DDRESS				
CITY-ST-ZIP			5.4 CITY - 5					1	
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STRE	ET A	DORESS			ļ	
CITY-ST-ZIP	M. A		6.4 CITY						
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.									