


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000000984		
1. Entity Name MT. ZION HOLY UNION CHURCH OF GOD, INC.		

Principal Place of Business 733 N.W. 9TH STREET HALLANDALE FL 33009	Mailing Address P.O. BOX 1062 HALLANDALE FL 33008
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2. Principal Place of Business 733 N.W. 9TH ST	3. Mailing Address P.O. Box 1062
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009	Zip 33009
Country	Country

FILED
04 DEC 22 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (4/04)
400043047844
NOT APPLICABLE
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALFORD, ELIJAH 635 N.W. 3RD COURT HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Elijah Alford* 400043047844
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 01/03/05--01046--015 **170.00

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFORD, ELIJAH 635 NW 3 CT HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elijah Alford</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 635 NW 3 CT Hallandale FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC WHITE, THOMAS 795 N.W. 59TH STREET MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Thomas White</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 795 N.W. 59th St. Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFORD, CATHERINE 623 NW 10 COURT HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Maudell Jackson</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1004 N.W. 6th Terr. Hallandale Bch. FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, MAUDELL 1004 NW 6TH TERRACE HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elijah Alford</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition Hallandale Bch. FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLENDON, KAY 4025 SW 26TH STREET WEST HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Kay McCleendon</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4025 S.W. 26th Hollywood, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, RUTH E 20621 N.W. 34 COURT OPALOCKA FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ruth E Davis</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 20621 N W 34th Opalocka FL

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 *Elijah Alford* 400043047844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 11/29/04--01071--014 **66.25