

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90013 028 \*\*\*\*61.25

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 33009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
NO-T APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFORD, ELIJAH  
635 N.W. 3RD COURT  
HALLANDALE FL 33009

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  
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ALFORD, ELIJAH ☐ Delete  
STREET ADDRESS 635 NW 3 CT  
CITY-ST-ZIP HALLANDALE FL 33009 *Deceased*

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME CHOICE, CHARLES JR ☐ Delete  
STREET ADDRESS 635 NW 3RD COURT  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ALFORD, CATHERINE ☐ Delete  
STREET ADDRESS 623 NW 10 COURT  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME JACKSON, MAUDELL ☐ Delete  
STREET ADDRESS 1004 NW 6TH TERRACE  
CITY-ST-ZIP HALLANDALE FL 33009 *Pastor*

TITLE  
NAME PASTOR MAUDELL JACKSON ☐ Change ☐ Addition  
STREET ADDRESS 1004 NW 6TH TERRACE  
CITY-ST-ZIP HALLANDALE

TITLE  
NAME MCCLENDON, KAY ☐ Delete  
STREET ADDRESS 4025 SW 26TH STREET  
CITY-ST-ZIP WEST HOLLYWOOD FL 33023

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME DAVIS, RUTH E ☐ Delete  
STREET ADDRESS 20621 N.W. 34 COURT  
CITY-ST-ZIP OPALOCKA FL 33056

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #