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

DOCUMENT # N9400000984

Entity Name

SIGNATURE:

MT. ZION HOLY UNION CHURCH OF GOD, INC.

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FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90118 023 ****61.25

Perceptal Place of Business													
### Principal Place of Business Suite: Apt. # etc.	Principal Plac	e of Business	Mailing Add	dress									
Suits, Apt. #, etc. City & State ALFORD, ELLIAH State and Address of Current Registered Agent Name City City FL Zip Code		-											
City & State Service of Status Desired Set 75 Additional Peep Required Set 75 Additional Peep Required Set 75 Additional Peep Required Signal Address of New Registered Agent Name ALFORD, ELIJAH 635 N.W. 3RD COURT HALLANDALE FL 33009 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code R. This above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I sen familiar with, and accopt the obligators of registered agent, statement agent and the lapscalable. SIGNATURE Sig	2. Principal P	lace of Business	3. Mailing A	3. Mailing Address .									
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Signature Sign	City & State	9	City & S	City & State				NOI AFFLICABLE					
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALFORD, ELJJAH 635 N.W. 3RD COURT HALLANDALE FL 33009 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am famili	Zip	Country		Country					•				
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12. I hereby certify that the information supplied with this filling 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.	indicated of the cor												

SIGNATURE REQUIRED REV. ELLIAH ALFORD