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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500000792 (0)

HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATE D

Principal Place of Business Mailing Address 201 E. BEAVER STREET 201 E. BEAVER STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3303962 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired K 27 Fee Required 22 City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCINTOSH, CHARLES B Street Address (P.O. Box Number is Not Acceptable) 82 201 E. BEAVER STREET 83 JACKSONVILLE FL 32202 84 City 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 authorised 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. calle S. Michelon ronstating was 3-13-<u>96</u> Charles B. McIntosh, M.D. Signature, typed or printed name of registered agent and title if applicable DATE (12/95)12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ☐ Addition DELETE PD TITLE 1.1 TITLE GRAHAM, CHARLES E NAME 1.2 NAME CR2E037 5016 N. PEARL STRET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ŽIP 1.4 CITY - ST- 2IP DELETE ٧D 2.1 TITLE ☐ Change Addition TITLE MCINTOSH, CHARLES B NAME 2.2 NAME 3160 W. EDGEWOOD AVENUE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 2 4 CITY-ST-ZIP SD DELETE TITLE 31 THILE Addition **600001767606** -04/03/96--01016--004 GAY, ELEANOR J NAME 32 NAME 5103 GRANN LLOYD DRIVE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32209 ***70.00 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE TD 4 1 TULE Change Addition RUTLAND, ALFRED NAME 4. 2 NAME 7440 TRAILS END STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TIBLE PRIER, ROOSEVELT SR 5.2 NAME NAME 1738 W. 33RD STREET STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-7IP 5.4 C/TY-ST-7/P TITLE DELETE 61 TITLE ☐ Change Addition THOMAS, SAMUEL B NAME 6.2 NAME 1501 KINGFISHER LANE NORTH STREET ADDRESS 6.3 STREET ADDRESS 0 JACKSONVILLE FL 32218 DITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 12 or

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/94

Daytime Phone #