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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500000792 (0)
1. Corporation Name

HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATE

Principal Place of Business

Mailing Address

FILED Feb 04 1997 8:00am Secretary of State



201 E. BEAVER STREET JACKSONVILLE FL 32202 201 E. BEAVER STREET JACKSONVILLE FL 32202-3					24							+
								3. Date Incorporated or Qua 02/17/1995	lified		of Last R 02/199	
2. Principal	Place of Business		2a. Mailing	g Address				4. FEI Number			Ar	plied For
21		26					59-3303962			No	ot Applicable	
Suite, Apt	t. #, etc.	Suite,	·			5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & Sta	ale		City & 28	State				Election Campaign Finance Trust Fund Contribution				May Be to Fees
Zip 24	25 29 3					ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and	Address of Curre	ent Registered A	gent				10. Name and Address of N	ew Regi	stered Ag	ent	
						81	Name					
MCINTOSH, CHARLES B 201 E. BEAVER STREET					Ì	82	Street A	dress (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32202						83						
						B4	City			FL	85 Zip	Code
11. Pursuan	t to the provisions	of Sections 617.05	502 and 617 1508	3, Florida Statut	es, the ab	ove	named o	corporation submits this statement for oration's board of directors. I hereby	or the pu	pose of c	hanging i	ts registered
office or agent. I	registered agent, am familiar vith	, or both, in the Sta and accept⊿he obli	te of Florida, Suc gations of Section	n change was a on 617.0503, Fid	autnorizec orida Statu	a by utes.	trie corp	oration's board of directors, I nereby	accept /	tne appoi	ntment as	registered
SIGNATURE	11.11	Wes Fs. 1	n chite	u no				_	Hou	wires	21.19	197
	Signature, typed or pr	inted name of registered a		ble. (NOT		Agen	nt signature r	required when reinstating)	7	DATE	,	7
12.	1 ==	OFFICERS A	ND DIRECTORS	Devere	13.			'ADDITIONS/CHANGES TO	OFFICE			
TITLE	PD	145) 50 5		L_ DELETE	1.1 1(1			PD		X	Change	☐ Addition
NAME	GRAHAM, CI		7	01.	1.2 NA			Blount, James T.				
STREET ADDRESS	100101111		L.	w. Palvusi			ADDRESS	5016 NovPearl St	32	2209		
CITY-ST-ZIP	JACKSONVIL	LE FL 32209		DELÉTE	1.4 Cfl 2.1 Tif		T-ZIP	Duckbon vario, 11			Channa	Addition
TITLE	VD			L DELETE								L_J AUUIDOR
NAME STREET ADDRESS		CUADICE D			L		}				_] Change	
STREET WOUNDERSON		CHARLES B	IE		2.2 NA	ME	4DDDCCC			L	1 Outsuits	
	3160 W. EDC	SEWOOD AVENU	JE		2.2 NA 2.3 STI	NME Reet #	ADDRESS			_	3 Cumilis	
CITY-ST-ZIP	3160 W. EDO JACKSONVIL	SEWOOD AVENU	JE	DELETE	2.2 NA 2.3 STI 2.4 CI	ame Reet # ITY-S1					-	
CITY-ST-ZIP TITLE	3160 W. EDC JACKSONVIL SD	BEWOOD AVENU LE FL 32209	JE	DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TIT	AME REET # ITY-ST TLE					Change	
CITY-SI-ZIP TITLE NAME	3160 W. EDO JACKSONVIL SD GAY, ELEAN	Bewood Avenu Le Fl 32209 Or J	JE	DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	ame Reet / ITY-ST TLE Ame	T-ZIP				-	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN	BEWOOD AVENU LE FL 32209 OR J I LLOYD DRIVE	JE	DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI	AME TREET A TLE AME TREET A	T-ZIP ADDRESS				-	
CITY-SI-ZIP TITLE	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN JACKSONVIL	BEWOOD AVENU LE FL 32209 OR J I LLOYD DRIVE	JE	DELETE	2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	AME TREET # TLE AME TREET #	T-ZIP ADDRESS				-	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN JACKSONVIL TD	Rewood Avenu Le Fl 32209 Or J I Lloyd Drive Le Fl 32209	JE		2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI	AME TREET A TLE AME TREET A TTY-ST	T-ZIP ADDRESS] Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN JACKSONVIL TD RUTLAND, A	REWOOD AVENU LE FL 32209 OR J I LLOYD DRIVE LE FL 32209 LFRED	JE		2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA	REET / ITY-ST ILE AME PREET / ITY-ST ILE	T-ZIP ADDRESS] Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN JACKSONVIL TD RUTLAND, A 7440 TRAILS	REWOOD AVENU LE FL 32209 OR J I LLOYD DRIVE LE FL 32209 LFRED	JE		2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA	TREET / TLE TREET / TREET / TTY-ST TLE TY-ST TLE AME TREET / TREET /	ADDRESS IT-ZIP				Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN JACKSONVIL TD RUTLAND, A 7440 TRAILS	REWOOD AVENU LE FL 32209 OR J I LLOYD DRIVE LE FL 32209 LFRED END	JE .		2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 N/ 4.3 STI	THE TY-ST TLE THE TY-ST TLE TY-ST TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS IT-ZIP] Change	Addition
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CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN JACKSONVIL TD RUTLAND, A 7440 TRAILS JACKSONVIL D PRIER, ROOS	REWOOD AVENU LE FL 32209 OR J I LLOYD DRIVE LE FL 32209 LFRED END LE FL 32211 SEVELT SR	JE	DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.9 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 6.2 NA	AME TREET / TILE AME TY-ST TLE AME TREET / TREET / TT-ST TLE AME	ADDRESS IT-ZIP				Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	3160 W. EDX JACKSONVIL SD GAY, ELEAN 5103 GRANN JACKSONVIL TD RUTLAND, A 7440 TRAILS JACKSONVIL D PRIER, ROOS 1738 W. 338	REWOOD AVENU LE FL 32209 OR J I LLOYD DRIVE LE FL 32209 LFRED END LE FL 32211 SEVELT SR	JE	DELETE DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.9 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 6.2 NA	THE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS				Change Change	Addition Addition
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14. I do 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.