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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000792 (0)
 1. Corporation Name
HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATE D



Principal Place of Business 201 E. BEAVER STREET JACKSONVILLE FL 32202	Mailing Address 201 E. BEAVER STREET JACKSONVILLE FL 32202-3024
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21 2. Principal Place of Business	2a. Mailing Address
22 Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	City & State
24 Zip	Country

3. Date Incorporated or Qualified 02/17/1995	3a. Date of Last Report 04/02/1996
4. FEI Number 59-3303962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCINTOSH, CHARLES B
201 E. BEAVER STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 authorized 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.

SIGNATURE: *Charles B. McIntosh, MCO* DATE: *January 21, 1997*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAHAM, CHARLES E	
STREET ADDRESS	5016 N. PEARL STRET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, CHARLES B	
STREET ADDRESS	3180 W. EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAY, ELEANOR J	
STREET ADDRESS	5103 GRANN LLOYD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUTLAND, ALFRED	
STREET ADDRESS	7440 TRAILS END	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIER, ROOSEVELT SR	
STREET ADDRESS	1738 W. 33RD STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, SAMUEL B	
STREET ADDRESS	1501 KINGFISHER LANE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blount, James T.	
1.3 STREET ADDRESS	5016 N. Pearl St.	
1.4 CITY-ST-ZIP	Jacksonville, FL. 32209	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Charles B. McIntosh, MCO* DATE: *January 30, 1997* (204) 355-9475

CR2E037 (9/96)