

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>201 E. BEAVER STREET JACKSONVILLE FL 32202</b>	Mailing Address <b>201 E. BEAVER STREET JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>02/17/1995</b>	
4. FEI Number <b>59-3303962</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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, M.D.** *Charles B. McIntosh, M.D.* **2-9-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOUNT, JAMES T.</b>	
STREET ADDRESS	<b>5016 N. BEAVER STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCINTOSH, CHARLES B</b>	
STREET ADDRESS	<b>3160 W. EDGEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GAY, ELEANOR J</b>	
STREET ADDRESS	<b>5103 GRANN LLOYD DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUTLAND, ALFRED</b>	
STREET ADDRESS	<b>7400 XBRALS EXDK</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIER, ROOSEVELT SR</b>	
STREET ADDRESS	<b>1738 W. 33RD STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, SAMUEL B</b>	
STREET ADDRESS	<b>1501 KINGFISHER LANE NORTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8833 Old Kings Rd. #713</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>
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	<b>3306 Abbyfield LN</b>
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>
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 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, M.D.** *Charles B. McIntosh, M.D.* **904-355-9475**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (none) 108

CR2E037 (10/97)