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Feb 22, 1999 8:00 am
Secretary of State

0003914

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-22-1999 90059 011 ****70.00

DOCUMENT # N95000000792

1. Corporation Name
**HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATE
 D**

9 4 4 8 3 *
 94403 . 90059 . 11 *

Principal Place of Business Mailing Address
 201 E. BEAVER STREET 201 E. BEAVER STREET
 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3303962	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCINTOSH, CHARLES B 201 E. BEAVER STREET JACKSONVILLE FL 32202				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, M.D. DATE 1-7-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, JAMES T.	1.2 NAME	Frederick D. Richardson, Jr.
STREET ADDRESS	8833 OLD KINGS RD. #713	1.3 STREET ADDRESS	1131 Durkee Dr. N
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	Jacksonville, Fl 32209
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, CHARLES B	2.2 NAME	
STREET ADDRESS	3160 W. EDGEWOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, ELEANOR J	3.2 NAME	
STREET ADDRESS	5103 GRANN LLOYD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLAND, ALFRED	4.2 NAME	
STREET ADDRESS	3306 ABBYFIELD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIER, ROOSEVELT SR	5.2 NAME	
STREET ADDRESS	1738 W. 33RD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SAMUEL B	6.2 NAME	
STREET ADDRESS	1501 KINGFISHER LANE NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	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, with all other like empowered.

SIGNATURE: Charles B. McIntosh, M.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Charles B. McIntosh, M.D.
 DATE: 1-7-99 DAYTIME PHONE #: (904) 355-9475

CR2E037 (11/98)