

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000792

1. Entity Name

HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATE

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90198 009 ****70.00

Principal Place of Business	Mailing Address
201 E. BEAVER STREET JACKSONVILLE FL 32202	201 E. BEAVER STREET JACKSONVILLE FL 32202-3024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number	59-3303962	Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON, FREDRICK D JR	
STREET ADDRESS	1131 DURKEE DR.N	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCINTOSH, CHARLES B	
STREET ADDRESS	3160 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	3306 ABBYFIELD LANE	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles B. McIntosh* 4-25-00 (904) 355-9475
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)