

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90013 005 \*\*\*\*70.00

**DOCUMENT # N95000000792**

1. Entity Name

**HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATE**

Principal Place of Business

Mailing Address

201 E. BEAVER STREET  
 JACKSONVILLE FL 32202

201 E. BEAVER STREET  
 JACKSONVILLE FL 32202

0425146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3303962**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: RICHARDSON, FREDRICK D JR  
 STREET ADDRESS: 1131 DURKEE DR.N  
 CITY-ST-ZIP: JACKSONVILLE FL 32209  Delete

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VD  
 NAME: MCINTOSH, CHARLES B  
 STREET ADDRESS: 3160 W. EDGEWOOD AVENUE  
 CITY-ST-ZIP: JACKSONVILLE FL 32209  Delete

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: SD  
 NAME: GAY, ELEANOR J  
 STREET ADDRESS: 5103 GRANN LLOYD DRIVE  
 CITY-ST-ZIP: JACKSONVILLE FL 32209  Delete

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: TD  
 NAME: RUTLAND, ALFRED  
 STREET ADDRESS: 3306 ABBYFIELD LANE  
 CITY-ST-ZIP: JACKSONVILLE FL 32211  Delete

TITLE: TD  
 NAME: Rutland, Alfred  
 STREET ADDRESS: 8604 Ethan Glenn Terrace  
 CITY-ST-ZIP: Jacksonville, FL 32256  Change  Addition

TITLE: D  
 NAME: PRIER, ROOSEVELT SR  
 STREET ADDRESS: 1738 W. 33RD STREET  
 CITY-ST-ZIP: JACKSONVILLE FL 32209  Delete

TITLE: D  
 NAME: Douglas, James H., Sr.  
 STREET ADDRESS: 3939 Wayland Street  
 CITY-ST-ZIP: Jacksonville, FL 32277  Change  Addition

TITLE: D  
 NAME: THOMAS, SAMUEL B  
 STREET ADDRESS: 1501 KINGFISHER LANE NORTH  
 CITY-ST-ZIP: JACKSONVILLE FL 32218  Delete

TITLE: \_\_\_\_\_  Change  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: *Frederick D. Richardson*  
**FREDERICK D. RICHARDSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-01 (904)355-9475

Date Daytime Phone #

CR2E037 (10/00)