

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90016 022 \*\*\*\*70.00

**DOCUMENT # N95000000792**

1. Entity Name

**HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATE  
D**

Principal Place of Business

Mailing Address

201 E. BEAVER STREET  
 JACKSONVILLE FL 32202

201 E. BEAVER STREET  
 JACKSONVILLE FL 32202

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

TITLE **D**  Change  Addition  
 NAME **William Jackson**  
 STREET ADDRESS **P.O. Box 174**  
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32004**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **RUTLAND, ALFRED**  
 STREET ADDRESS **8604 ETHEN GLENN TERR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DOUGLAS, JAMES K SR**  
 STREET ADDRESS **3939 WAYLAND STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: *Fredrick D. Richardson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 (904)355-9475  
 Date Daytime Phone #

0002570

CR2E037 (9/01)