

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90013 011 ****70.00

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1. Entity Name

HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATED



Principal Place of Business

201 E. BEAVER STREET
 JACKSONVILLE FL 32202

Mailing Address

201 E. BEAVER STREET
 JACKSONVILLE FL 32202

34033000



MOORE CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: RICHARDSON, FREDRICK D JR Delete
 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: D Change Addition
 NAME: LeMorris Prier
 STREET ADDRESS: 10990 Hickory Trace Lane
 CITY-ST-ZIP: Jacksonville, FL 32256

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, Jr.* FREDRICK D RICHARDSON, JR. MARCH 27, 2004 (904) 355-9475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #