


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90519 045 ****70.00

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DOCUMENT # N95000000792					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, FREDRICK D JR			NAME	
STREET ADDRESS	1131 DURKEE DR.N			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, CHARLES B			NAME	
STREET ADDRESS	3160 W. EDGEWOOD AVENUE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, ELEANOR J			NAME	
STREET ADDRESS	5103 GRANN LLOYD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLAND, ALFRED			NAME	
STREET ADDRESS	8604 ETHEN GLENN TERR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WILLIAM			NAME	Prier, LeMorris
STREET ADDRESS	P.O. BOX 174			STREET ADDRESS	10990 Hickory Trace Lane
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004			CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SAMUEL B			NAME	
STREET ADDRESS	1501 KINGFISHER LANE NORTH			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			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: <i>Frederick D. Richardson, Jr.</i>			4/27/05		(904) 3559475 or (904) 359-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #