


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N95000000792 1. Entity Name HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATED	
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Principal Place of Business 201 E. BEAVER STREET JACKSONVILLE, FL 32202	Mailing Address 201 E. BEAVER STREET JACKSONVILLE, FL 32202
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03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3303962	Applied For Not Applicable
5. Certificate of Status Desired <input 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

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, FREDRICK D JR 1131 DURKEE DR.N JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCINTOSH, CHARLES B 3160 W. EDGEWOOD AVENUE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, ELEANOR J 5103 GRANN LLOYD DRIVE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUTLAND, ALFRED 8604 ETHEN GLENN TERR JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIER, LEMORRIS 10990 HICKORY TRACE LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, SAMUEL B 1501 KINGFISHER LANE NORTH JACKSONVILLE, FL 32218

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 04/04/08-80004-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Jr.* PD Frederick D. Richardson, Jr. 3/13/08 ⁽⁴⁰⁴⁾ 359-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #