

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000792

FILED
Apr 23, 2009
Secretary of State

Entity Name: HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

201 E. BEAVER STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

201 E. BEAVER STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3303962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHARDSON, FREDRICK D JR
Address: 1131 DURKEE DR.N
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD () Delete
Name: MCINTOSH, CHARLES B
Address: 3160 W. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: GAY, ELEANOR J
Address: 5103 GRANN LLOYD DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: RUTLAND, ALFRED
Address: 8604 ETHEN GLENN TERR
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: PRIER, LEMORRIS
Address: 10990 HICKORY TRACE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: THOMAS, SAMUEL B
Address: 1501 KINGFISHER LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. D. RICHARDSON, JR.

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date