

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON DEFERRED 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 AUG 29 AM 9:49

DOCUMENT # N95000003973 (3)

1. Corporation Name

THE HISTORIC MOUNT ZION MISSIONARY BAPTIST CHURCH
INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

301 NORTH WEST 9TH STREET
MIAMI FL 33136

301 NORTH WEST 9TH STREET
MIAMI FL 33136

3. Date Incorporated or Qualified
08/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 301 N.W. 9th St.

26 301 N.W. 9th St

4. FEI Number
59-0799910

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 MIAMI, FL 33136

28 MIAMI, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24 33136

25 33136

29 33136

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, RALPH M ROSS
301 NORTH WEST 9TH STREET
MIAMI FL 33136

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ralph M. Ross*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

JULY 11, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KING, ARTHUR H SR.
STREET ADDRESS 1795 N.W. 83RD STREET
CITY - ST - ZIP MIAMI FL 33147

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 400001942434
1.3 STREET ADDRESS -09/09/96--01020--030
1.4 CITY - ST - ZIP *****61.25 *****61.25

TITLE D ☐ DELETE
NAME WILLIAMS, CHARLIE
STREET ADDRESS 20820 N.W. 32ND AVENUE
CITY - ST - ZIP MIAMI FL 33054

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME HEIDT, ELLEN
STREET ADDRESS 5621 N.W. 19TH AVENUE
CITY - ST - ZIP MIAMI FL 33142

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☒ DELETE
NAME ~~WATERS, WILLIE~~ (deceased)
STREET ADDRESS 8000 N.W. 21ST AVENUE
CITY - ST - ZIP MIAMI FL 33147

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS VANESSA BURKE
4.4 CITY - ST - ZIP 64N.E. 205 TER
Miami, FL 33179

TITLE D ☐ DELETE
NAME ABBITT, EUPHRATES
STREET ADDRESS 12 N.W. 91ST STREET
CITY - ST - ZIP EL PORTEL FL 33150

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME KENT, DOROTHY
STREET ADDRESS 1800 SAN SOUCI BOULEVARD, #207
CITY - ST - ZIP N. MIAMI BEACH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/96

Date

305
379-4147

Daytime Phone #

0007118

CR2E037 (3/96)