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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002993

1. Corporation Name

MOUNT ZION SPIRITUAL HEALING TEMPLE CHURCH OF THE LIVING GOD UNITED INC.

Principal Place of Business

3206 W BROWARD BLVD
FT LAUDERDALE FL 33312

Mailing Address

3206 W BROWARD BLVD
FT LAUDERDALE FL 33312



2. Principal Place of Business

21 **3206 W Broward Blvd**

Suite, Apt. #, etc.

22 City & State

23 **Ft Lauderdale Florida**

Zip

24 **33311** 25 **Broward**

Country

2a. Mailing Address

26 **3206 W Broward Blvd**

Suite, Apt. #, etc.

27 City & State

28 **Ft Lauderdale Florida**

Zip

29 **33311** 30 **Broward**

Country

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**YOUNG, JANE
3206 W BROWARD BLVD
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MCHUGH-YOUNG, JANE BISHOP**
STREET ADDRESS **1012 NW 19TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D MCDONALD-SMITH, GENE**
STREET ADDRESS **11 NW 32ND AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ DELETE

NAME **D SMITH, EUNICE**
STREET ADDRESS **1012 NW 19TH STREET /**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D HUTCHSON, JOHN**
STREET ADDRESS **5308 NW 49TH TERRES TAMONA**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)