

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002993

1. Entity Name

MOUNT ZION SPIRITUAL HEALING TEMPLE CHURCH OF TH

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90042 018 ****61.75

Principal Place of Business

Mailing Address

3206 W BROWARD BLVD
FT LAUDERDALE FL 33311

3206 W BROWARD BLVD
FT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, JANE
3206 W BROWARD BLVD
FT LAUDERDALE FL 33312

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCHUGH-YOUNG, JANE BISHOP	
STREET ADDRESS	1012 NW 19TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD-SMITH, GENE	
STREET ADDRESS	11 NW 32ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, EUNICE	
STREET ADDRESS	1012 NW 19TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTCHSON, JOHN	
STREET ADDRESS	5308 NW 49TH TERRES TAMONA	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CO-PASTOR DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, 2ND ST	
STREET ADDRESS	FT LAUDERDALE FLA 33311	
CITY-ST-ZIP		
TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVESTER SPENCER	
STREET ADDRESS	570 NW 33RD TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	ASST. MINISTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA GREGORY	
STREET ADDRESS	4220 SW 18TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	MINISTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATON A STEPHENS	
STREET ADDRESS	726 FORESTERIA DRIVE	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	THOMAS-SMITH, GENE. EVANGELIST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 NW 32ND AVE	
STREET ADDRESS	PT LAUDERDALE, FL. 33311	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: 1037 15/00