

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002993

1. Entity Name

MOUNT ZION SPIRITUAL HEALING TEMPLE CHURCH OF TH

Principal Place of Business

3206 W BROWARD BLVD  
FT LAUDERDALE FL 33311

Mailing Address

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

6. Name and Address of Current Registered Agent

YOUNG, JANE  
3206 W BROWARD BLVD  
FT LAUDERDALE FL 33312

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

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

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

TITLE D ☐ Delete  
NAME PAGE, COLLIN  
STREET ADDRESS 2150 NW 2ND ST  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE D ☐ Delete  
NAME SPENCER, SYLVESTER  
STREET ADDRESS 570 NW 33RD TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE AM ☐ Delete  
NAME GREGORY, GLORIA  
STREET ADDRESS 4220 SW 18TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33317

TITLE M ☐ Delete  
NAME STEPHENS, LATON A  
STREET ADDRESS 726 FORESTERIA DR  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE E ☐ Delete  
NAME THOMAS-SMITH, GENE  
STREET ADDRESS 11 NW 32ND AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90377 019 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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