FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000006119 (8) **DOCUMENT #**

MOUNT ZION BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address RT 5. BOX 87-B OURNCY FL 32351 RT 5. BOX 87-B 3. Date Incorporated or Qualified OUINCY FL 32351 10/29/1997 4. FEI Number Applied For 59-290-7868 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEWART, DIAMOND E REV 82 Street Address (P.O. Box Number is Not Acceptable) RT 5, BOX 87-B **QUINCY FL 32351** 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 Rev Diamind F. Stew Rt. 5 Box 87-B Change Addition 1.1 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS uiney, FL 52351 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME incy, 74 32351 STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP fis Box 61 TITLE Change Addition NAME Quinky, FL 35-351 STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Jerry Chunts T Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 300 N. Key St. STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

14. I hereby certify that the information supplied with this filling 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 truestee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Statutes in the corporation of the receiver of truestee and trueste

5.7 NAME

61 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CiTY - ST - ZIP

NAME

HAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

Change Addition

FILED

May 18 1998 8:00am

Secretary of State