2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000006119 MOUNT ZION BAPTIST CHURCH, INC. Principal Place of Business 7 18 30 74-Mailing Address ŔT 5. BOX 87-B BOX 97 B QUINCY FL 32351 Y FL 32351 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Zip

6. Name and Address of Current Registered Agent

STEWART, DIAMOND & REV

FILE NOW:

FEE IS \$61.25

RT 5, BOX 87B

RT 5, BOX 61

QUINCY FL 52351

HOL, MAN, ROBERT

QUINCY FL 32351

CHOATS, JERRY

QUINCY FL_32351

STEPHENS, STEVE

QUINCY FL 32351

RT 5 BOX 91-R

300 N KAY ST

STEWART, DIAMOND E REV

RT-5: BOX 87-B QUINCY FL 32351

10.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

CITY-ST-ZIP

CITY-ST-ZIE

3940 Hutchinson Ferry Rd.

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90012 044 ****61.25

	DO NOT WRITE IN THIS SPACE					
	4. FEI Numbe	59-2907868			pplied For ot Applicable	
	F. Cortificate of Status Desired				\$8.75 Additional ee Required	
	7. Name and	Address of New	Registered A	\gent		
iress (I	P.O. Box Numbe	r is Not Acceptab	ele)		-y-	
			FL	Zip Cod	de	
egistered agent, or both, in the state of Florida.						
1-11-00						
required	when reinstating)		DATE			
\$5.00 May Be Added to Fees		Make Check Payable to Department of State				
	ADDITIONS/CH.	ANGES TO OFFIC	ERS AND DIF		V 10 ☐ Addition	
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	<u> </u>	. ·		☐ Change	☐ Addition	

12. 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 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

.CITY - ST - ZIP

-Name ---

City

(NOTE: Registered Agent signature required w

11.

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

(NAME)

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

☐ Delete

□ Delete

Delete

Delete

☐ Delete

Street Address (P.

SIGNATURE:

850-856-5038