

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007106

1. Entity Name

ZION TEMPLE OF THE APOSTOLIC FAITH, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90947 049 ****70.00

0021873

Principal Place of Business

1215 SEMINOLA BLVD #105
CASSELBERRY FL 32718

Mailing Address

1215 SEMINOLA BLVD #105
CASSELBERRY FL 32718

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

59-3610253

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, LINDA D
2530 S SANFORD AVE STE 102
SANFORD FL 32772

7. Name and Address of New Registered Agent

Name **CHRISTINA W. MONTGOMERY**
Street Address (P.O. Box Number is Not Acceptable)
708 CASTLEWOOD DRIVE
City **WINTER SPRINGS** FL Zip Code **32708**

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 *Christina W. Montgomery*
Signature, typed or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01
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 ☐ Delete
NAME **D JARRETT, EUGENE E**
STREET ADDRESS **1676 THORNHILL CIR**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ Delete
NAME **D MASSEY, ANTON M**
STREET ADDRESS **766 LYMAN AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME **D JARRETT, INETTA L**
STREET ADDRESS **1676 THORNHILL CIRCLE**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ Delete
NAME **D GREEN, WILLIE L**
STREET ADDRESS **1204 HOMOSASSA CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
NAME **D TAYLOR, NATHANIEL**
STREET ADDRESS **226 GREENSEND ST**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME **D REID, CHARLES Z**
STREET ADDRESS **119 DREW AVE**
CITY-ST-ZIP **SANFORD FL 32771**

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:

Christina W. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 407 365-2961

CR2E037 (10/00)