

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007106

1. Entity Name

ZION TEMPLE OF THE APOSTOLIC FAITH, INC.

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90451 019 ****61.25

Principal Place of Business

Mailing Address

1215 SEMINOLA BLVD #105
CASSELBERRY FL 32718

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CASSELBERRY FL 32718

00123002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3610253

Applied For
Not Applicable

Zip Country Zip Country

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

MONTGOMERY, CHRISTINA W.
708 CASTLEWOOD DRIVE
WINTER SPRINGS FL 32708

Name McKinney, Tracy A.
Street Address (P.O. Box Number is Not Acceptable) 1120 Castle Wood Ter #300
City Casselberry FL Zip Code 32707

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 Tracy McKinney (Secretary) DATE 6/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
JARETT, EUGENE E
STREET ADDRESS 1676 THORNHILL CIR
CITY-ST-ZIP OVIEDO FL 32765

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

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

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

TITLE ☐ Delete
NAME D
JARETT, INETTA L
STREET ADDRESS 1676 THORNHILL CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

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

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

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

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/02 (407)699-0965
Date Daytime Phone #

CR2E037 (9/01)