

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000000352

FILED
Sep 20, 2013
Secretary of State
CC6313888667

Entity Name: HISTORIC MOUNT ZION SOCIAL SERVICES, INC.

Current Principal Place of Business:

201 EAST BEAVER STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

201 EAST BEAVER STREET
JACKSONVILLE, FL 32202

FEI Number: 45-4506183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARKER, AVA L
101 EAST UNION STREET
SUITE 200
JACKSONVILLE, FL 32202 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C/D
Name	EWING, PEARCE SR.
Address	6948 MONTREAL DRIVE
City-State-Zip:	LAKELAND FL 33810
Title	S/D
Name	BROWN, MARY
Address	4137 CLYDE DRIVE
City-State-Zip:	JACKSONVILLE FL 32208
Title	D
Name	GOODMAN, ALEXIS
Address	8656 FRANKIE MILL COURT
City-State-Zip:	JACKSONVILLE FL 32244
Title	DIRECTOR
Name	SMITHSON, ERIC
Address	1023 BECKNER AVENUE
City-State-Zip:	JACKSONVILLE FL 32218

Title	VC/D
Name	PRIER, LEMORRIS DR.
Address	10990 HICKORY TRACE LAND
City-State-Zip:	JACKSONVILLE FL 32256
Title	T/D
Name	RUTHLAND, ALFRED
Address	8604 ETHANS GLEN TERRANCE
City-State-Zip:	JACKSONVILLE FL 32256
Title	D
Name	MCINTOCH, CHARLES DR.
Address	4063 REBAULT RIVER LANE
City-State-Zip:	JACKSONVILLE FL 32208
Title	DIRECTOR
Name	STEWART, MICHAEL
Address	10218 SHOREVIEW DRIVE
City-State-Zip:	JACKSONVILLE FL 32218

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PEARCE EWING, SR.

CHAIRMAN

09/20/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JACKSON, BRENDA
Address 5089 ANDREW ROBINSON DRIVE
City-State-Zip: JACKSONVILLE FL 32219

Title DIRECTOR
Name JOHNSON, WILLIE
Address 25475 MARSH LANDING PKWY
City-State-Zip: PONTE VEDRA BEACH FL 32082