Entity Name: HISTORIC MOUNT ZION SOCIAL S	SERVICES, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

Current Principal Place of Business:

201 EAST BEAVER STREET JACKSONVILLE, FL 32202

DOCUMENT# N1200000352

Current Mailing Address:

201 EAST BEAVER STREET JACKSONVILLE, FL 32202

FEI Number: 45-4506183

Name and Address of Current Registered Agent:

PARKER, AVA L 101 EAST UNION STREET SUITE 200 JACKSONVILLE, FL 32202 US Certificate of Status Desired: No

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	: AVA L PARKER			12/03/2019
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	C/D	Title	VC/D	
Name	COLE, VICTOR DERHAM	Name	PRIER, LEMORRIS DR.	
Address	PO BOX 2292	Address	10990 HICKORY TRACE LAND	
City-State-Zip:	JACKSONVILLE FL 32203	City-State-Zip:	JACKSONVILLE FL 32256	
Title	S/D	Title	D	
Name	MITCHELL, WANDA L	Name	MCINTOCH, CHARLES DR.	
Address	4538 CAPE SABLE COURTS	Address	4063 REBAULT RIVER LANE	
City-State-Zip:	JACKSONVILLE FL 32277	City-State-Zip:	JACKSONVILLE FL 32208	
Title	DIRECTOR	Title	DIRECTOR	
Name	ROBINSON, REGINALD	Name	HARRY, KEMP	
Address	11798 CHERRY BARK DR. E	Address	6700 BOWDEN RD. 2003	
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32216	
Title	DIRECTOR	Title	DIRECTOR	
Name	WILLIAMS, SHEILA	Name	JOHNSON, WILLIE	
Address	11498 SIR BARTON COURT	Address	25475 MARSH LANDING PKW	(
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:		

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:	VICTOR DERHAM COLE	PASTOR	12/03/2019

Electronic Signature of Signing Officer/Director Detail

Date