

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000792

Entity Name: HISTORIC MOUNT ZION OF JACKSONVILLE, INCORPORATED**Current Principal Place of Business:**201 E. BEAVER STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**201 E. BEAVER STREET
JACKSONVILLE, FL 32202**FEI Number:** 59-3303962**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCINTOSH, CHARLES B
201 E. BEAVER STREET
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	PD
Name	EWING, PEARCE SR
Address	6948 MONTREAL DRIVE
City-State-Zip:	LAKELAND FL 33810
Title	SD
Name	YOUNG, OLIVIA
Address	11616 POYDRAS LANE
City-State-Zip:	JACKSONVILLE FL 32218
Title	D
Name	PRIER, LEMORRIS
Address	10990 HICKORY TRACE LANE
City-State-Zip:	JACKSONVILLE FL 32256

Title	VD
Name	MCINTOSH, CHARLES B
Address	3160 W. EDGEWOOD AVENUE
City-State-Zip:	JACKSONVILLE FL 32209
Title	TD
Name	ROBINSON, REGINALD D
Address	11798 CHERRY BARK DRIVE E
City-State-Zip:	JACKSONVILLE FL 32218
Title	D
Name	THOMAS, SAMUEL B
Address	1501 KINGFISHER LANE NORTH
City-State-Zip:	JACKSONVILLE FL 32218

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**PASTOR****04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date