

**2022 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:**

ROBINSON, REGINALD D  
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:** REGINALD D. ROBINSON

03/23/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COLE, VICTOR D  
Address 5906 MONCRIEF ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title TREASURER  
Name PRIER, PAMELA  
Address 10990 HICKORY TRACE LANE  
City-State-Zip: JACKSONVILLE FL 32256

Title SD  
Name YOUNG, OLIVIA  
Address 11616 POYDRAS LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title VC  
Name ROBINSON, REGINALD D  
Address 11798 CHERRY BARK DRIVE E  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name PRIER, LEMORRIS  
Address 10990 HICKORY TRACE LANE  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name MANOR, DAVID  
Address 1437 HARRISON COURT  
City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR  
Name WILLIAMS, SHEILA R.E.  
Address 11498 SIR BARTON COURT  
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:** VICTOR D. COLE

PASTOR

03/23/2022

Electronic Signature of Signing Officer/Director Detail

Date