

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2020
Secretary of State
8616264212CC

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: Yes

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

01/07/2020

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 MCINTOSH, CHARLES B
Address 3160 W. EDGEWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32209

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

01/07/2020

Electronic Signature of Signing Officer/Director Detail

Date