

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **718657** (0)
1. Corporation Name
ORTHODOX ZION PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business 2900 AUSTRIALIAN AVE WEST PALM BEACH FL 33401 US	Mailing Address 2900 AUSTRIALIAN AVE WEST PALM BEACH FL 33401 US
--	--

3. Date Incorporated or Qualified 06/11/1970	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0328689		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARLES, HENDLEY
1107 DELEWARE AVE
FT. PIERCE FL 34948**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHESTER, JAMES H	
STREET ADDRESS	1730 ECHO LAKE DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BISHOP, NATHANIEL	
STREET ADDRESS	1666 40TH ST	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRD, FRANK	
STREET ADDRESS	551 E. REDWOOD DRIVE	
CITY-ST-ZIP	LAKE PARD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, ALVIN	
STREET ADDRESS	1302 25TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCRUGGS, MAURICE	
STREET ADDRESS	122 1ST WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGGINS, FRANKIE	
STREET ADDRESS	1140 W. 4TH STREET	
CITY-ST-ZIP	RIVIERA BEACH, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Samuel Cryus
5.3 STREET ADDRESS	3808 Heath Cir South
5.4 CITY-ST-ZIP	West Palm Bch, FL 33407
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra S. Mortham* 2-25-98 561-863-2880

CR2E037 (10/97)