

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718657

1. Entity Name

ORTHODOX ZION PRIMITIVE BAPTIST CHURCH, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90617 029 ****70.00

0032469

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

Mailing Address
2900 AUSTRIALIAN AVE
WEST PALM BEACH FL 33401
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0328689
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHARLES HENDLEY
1107 DELEWARE AVE
FT. PIERCE FL 34948

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHESTER, JAMES H	
STREET ADDRESS	1730 ECHO LAKE DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAYNE, KENNETH	
STREET ADDRESS	391 W. 32ND ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, SIMMUEL	
STREET ADDRESS	251 W. 16 WAY	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ALVIN	
STREET ADDRESS	1302 25TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRYUS, SAMUEL	
STREET ADDRESS	3808 HEATH CIR SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGGINS, FRANKIE	
STREET ADDRESS	1140 W. 4TH STREET	
CITY-ST-ZIP	RIVIERA BEACH, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKIE HUGGINS 3-20-02 561-863-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)