


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 028 ****70.00

DOCUMENT # 718657	
1. Entity Name ORTHODOX ZION PRIMITIVE BAPTIST CHURCH, INC.	

Principal Place of Business 2900 AUSTRALIAN AVE WEST PALM BEACH, FL 33401 US	Mailing Address 2900 AUSTRALIAN AVE WEST PALM BEACH, FL 33401 US
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0328689	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACS, ETHEL E
2001 BROADWAY
SUITE 101
WEST PALM BEACH, FL 33404

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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 **FRANKIE HUGGINS** 4-9-05 561-863-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #