

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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 N. AUSTRALIAN AVE
WEST PALM BEACH, FL 33407 US**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0328689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHESTER, JAMES H
STREET ADDRESS	1730 ECHO LAKE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	S
NAME	PAYNE, KENNETH
STREET ADDRESS	391 W. 32ND ST
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	T
NAME	BUSH, HORACE
STREET ADDRESS	5011 ELPINE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	PRINCE, ROBERT
STREET ADDRESS	1340 STONEHAVEN ESTATES DR
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	V
NAME	CRYUS, SAMUEL
STREET ADDRESS	3808 HEATH CIR SOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	BENBOW, MASHAN
STREET ADDRESS	15861 LISBON COURT
CITY-ST-ZIP	WELLINGTON, FL 33414

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02/20/08-80096-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

James H Chester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

561-863-9880

Daytime Phone #