

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90028 008 \*\*\*\*61.25

**DOCUMENT # N30043**

1. Entity Name

THE SALVATION AND PRAISE TEMPLE OF FAITH,  
INC.



Principal Place of Business

324 NW 16TH PLACE  
POMPANO BEACH FL 33060

Mailing Address

324 NW 16TH PLACE  
C/O JOHNNY L ZANDERS  
POMPANO BEACH FL 33060  
US

94052493



MOORE

CR2E037 (11/03)

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

65-0114888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZANDERS, JOHNNY L.  
324 NW 16TH PLACE  
POMPANO BEACH FL 33060

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ZANDERS, JOHNNY L.  
STREET ADDRESS 2855 NW 4TH ST  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ Delete  
NAME ZANDERS, HAZEL KIRKLAND  
STREET ADDRESS 10315 NW 39TH MANOR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Delete  
NAME JOHNSON, LONNIE  
STREET ADDRESS 2643 NW 8TH STREET  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ Delete  
NAME JOHNSON, SUSIE  
STREET ADDRESS 2643 NW 8TH STREET  
CITY-ST-ZIP POMPANO BCH. FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Johnny L. Zanders* Sr. Johnny L. Zanders 4/13/2004 (954) 784-3155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #