

FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40270 (3)
1. Corporation Name
THE MESSIAH OF ZION CHRIST CHURCH, INC.



Principal Place of Business: **14792 S.W. 174TH COURT WESTBROOK INDIANTOWN FL 34956**
Mailing Address: **P.O. BOX 265 INDIANTOWN FL 34956**

3. Date Incorporated or Qualified: **10/04/1990**
4. FEI Number: **65-0228874**
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

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

9. Name and Address of Current Registered Agent: **ALLEN, ROBERT 14792 S.W. 174TH COURT WESTBROOK INDIANTOWN FL 34956**

10. Name and Address of New Registered Agent (81-85) fields.

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: Robert Allen
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT L	1.2 NAME	
STREET ADDRESS	14792 175TH CT. W.BROOK	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARGARET	2.2 NAME	
STREET ADDRESS	14792 175TH CT. W.BROOK	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSE, MARY	3.2 NAME	
STREET ADDRESS	14792 174TH CT. W.BROOK	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, L. DAMEON	4.2 NAME	
STREET ADDRESS	221 PUTNAM ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, FREEMAN	5.2 NAME	
STREET ADDRESS	14792 174TH CT. W.BROOK	5.3 STREET ADDRESS	300002459513
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	-03/17/98--01053--012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

300002459513
-03/17/98--01053--012
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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: Robert L. Allen 3-12-98

CR2E037 (10/97)