


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90222 001 ****11.25
 04-20-2006 90222 002 ****50.00

DOCUMENT # N40270
 1. Entity 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

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

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



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0228874 Applied For Not Applicable

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	<input type="checkbox"/> Delete
NAME	ALLEN, ROBERT L	
STREET ADDRESS	14792 175TH CT. W.BROOK	
CITY-ST-ZIP	INDIANTOWN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, MARGARET	
STREET ADDRESS	14792 175TH CT. W.BROOK	
CITY-ST-ZIP	INDIANTOWN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUSE, MARY	
STREET ADDRESS	14792 174TH CT. W.BROOK	
CITY-ST-ZIP	INDIANTOWN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, L. DAMEON	
STREET ADDRESS	221 PUTNAM ST	
CITY-ST-ZIP	SYRACUSE, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, FREEMAN	
STREET ADDRESS	14792 174TH CT. W.BROOK	
CITY-ST-ZIP	INDIANTOWN, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3330 AVE T	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
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 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: Robert L Allen **4-11-2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #