FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90104 041 ****61.25

0053436

DOCUMENT # **N97000000512**

1. Corporation Name

ZION TEMPLE HOLINESS CHURCH TWENTY EIGHTH STREET , INC.

Principal Place of Business	Mailing Address
558 28TH STREET SOUTH PARCEL #23/31/161/17298 SAINT PETERSBURG FL 33712 US	558 28TH STREET SOUTH 008/0090 558 28TH ST. SO ST PETERSBURG FL 33712 US

502979 - 90104 - 41

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 01/29/1997

4. FEI Number: 59-3424347 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

SANDS, WILLIE
3537 BEACH DR SOUTHEAST
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANDS, WILLIE		1.2 NAME		
STREET ADDRESS	558 28TH STREET SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33712		1.4 CITY-ST-ZIP		
TITLE	SE	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	JONES, LILLIAN A		2.2 NAME	Lillian Jones-Thompson	
STREET ADDRESS	558 28TH STREET SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33712		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WITCHARD, WILLIE		3.2 NAME		
STREET ADDRESS	558 28TH STREET SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33712		3.4. CITY-ST-ZIP		
TITLE	PE	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLDEN, BOBBY LEE	deceased 1-20-99	4. 2 NAME		
STREET ADDRESS	558 28TH ST, SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33712		4.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTY, GEORGE		5.2 NAME		
STREET ADDRESS	558 28TH STREET, SO		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33712		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RUSH, ROBERT		6.2 NAME		
STREET ADDRESS	558 28TH STREET, SO		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33712		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lillian Jones Thompson **REQUIRED** Lillian Jones Thompson 4-27-99 727-568-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #