FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718657 (0)

1. Corporation Name

ORTHODOX ZION PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
909 THIRD STREET WEST PALM BEACH FL 33401	909 THIRD STREET WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1970
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0320609 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2900 Austrialian Ave	26 2900 Austrialian Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 West Palm Beach, Fl.	28 West Palm Beach, Fl.
24 Zip 33401 / 25 Country Palm Beach	29 Zip 33401 / 30 Country Palm Beach

9. Name and Address of Current Registered Agent

CHARLES, HENDLEY
1107 DELEWARE AVE
FT. PIERCE FL 34948

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 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CHESTER, JAMES H	1.2 NAME	
STREET ADDRESS	1730 ECHO LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, NATHANIEL	2.2 NAME	
STREET ADDRESS	1868 40TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BYRD, FRANK	3.2 NAME	
STREET ADDRESS	551 E. REDWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ALVIN	4.2 NAME	
STREET ADDRESS	1302 25TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE S	☒ Change ☐ Addition
NAME		5.2 NAME SCRUGGS, Maurice	
STREET ADDRESS		5.3 STREET ADDRESS 122 1ST WAY	
CITY-ST-ZIP		5.4 CITY-ST-ZIP West Palm Beach, Fl	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	HUGGINS, FRANKIE	6.2 NAME	
STREET ADDRESS	1140 W. 4TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: P-James H. Chester James H. Chester 4/18/95 (407)842-8682
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010441