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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 718657

1. Corporation Name
ORTHODOX ZION PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2900 AUSTRIALIAN AVE WEST PALM BEACH FL 33401 US	2900 AUSTRIALIAN AVE WEST PALM BEACH FL 33401 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/11/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number - 65-0328689 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARLES, HENDLEY 1107 DELEWARE AVE FT. PIERCE FL 34948	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	P	☐ DELETE	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	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, NATHANIEL		2.2 NAME		
STREET ADDRESS	1668 40TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	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	☐ DELETE	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	S	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	CRYUS, SAMUEL		5.2 NAME	CYRUS, SAMUEL	
STREET ADDRESS	3808 HEATH CIR SOUTH		5.3 STREET ADDRESS	3808 HEATH CIR SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	☐ DELETE	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		

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: SIGNATURE REQUIRED FRANKIE HUGGINS 3-15-99 561-863-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc. 718657
264090-90005-23

CHANGES TO BE MADE:

S
KENNETH PAYNE
391 W. 32nd Street
Riviera Beach FL 33404

D
SIMMUEL SMALL
251 W. 16 Way
Riviera Beach FL 33404

D
ROBERT PRINCE
101 Twin Lakes Way
Royal Palm Beach FL 33411