2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 700465

1. Entity Name

PEACEFUL ZION MISSIONARY BAPTIST CHURCH, INC.



01-11-2008 90057 045 ****70.00

Jan 11, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

2400 N.W. 68TH ST. MIAMI, FL 33147 US Mailing Address

2400 NW 68TH STREET MIAMI, FL 33147



01072008 No Chg-NP

CR2E037 (4/06)

Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

PRESTON, CEPHUS C JR. 12535 N.E. 1ST AVENUE N. MIAMI, FL 33161

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	e named entity submits this statement for the putions of registered agent.	rpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if a	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATÉ	
,	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	rors				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTON, CEPHUS C JR 12535 N.E. 1ST AVENUE N. MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUDLEY, BILLY T 2400 NW 68TH STREET MIAMI, FL 33147					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, MALLARD 2400 NW 68TH ST. MIAMI, FL 33147	DO I			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLAIN, WILLIAM 2400 NW 68TH ST. MIAMI, FL 33147			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, JOSEPH 2400 NW 68TH STREET MIAMI, FL 33147					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Lhereby	certify that the information supplied with this fill to this report or supplemental report is true are	ng does not qualify for the exer	nptions co	ntained in Chapter 11	19, Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director	

of the corporation of the receiver of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #