## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 28, 2008 8:00 am Secretary of State

08-28-2008 90002 036 \*\*\*\*61.25

## **DOCUMENT #705504**

1. Entity Name
ZION HILL MISSIONARY BAPTIST CHURCH,
INCORPORATED OF ORLANDO, FLORIDA



Principal Place of Business Mailing Address ZION HILL MISSIONARY BAPTIST 1110 DREW AVENUE ORLANDO, FL 32805 ORLANDO, FL 32805 2. Principal Place of Business - No P.O. Box # 210N Hill Mission Ary Bap 3. Mailing Address 4VGNUE 1110 DREW Suite, Apt. #, etc. 08052008 Chq-NP CR2E037 (12/06) City & State Çity & Ştate 4. FEI Number 58-2527180 Applied For RLANDO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, NATHAN Street Address (P.O. Box Number is Not Acceptable) 1110 DREW AVENUE ORLANDO, FL 32805 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Due by September 12, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. FS BONNIE J. Williams TITLE Delete TITLE ☐ Change **X** Addition **DUHART. BETTYE** NAME NAME 1110 DEEN AVE. STREET ADDRESS 1110 DREW AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32805 CITY-ST-ZIP Delando, FL 32805 TITLE ☐ Delete TITLE Change Addition ALLISON, KENNETH NAME STREET ADDRESS 1110 DREW AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WALKER, HERBERT NAME NAME STREET ADDRESS 1110 DREW AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME IVORY, JESSE L SR NAME STREET ADDRESS 1110 DREW AVE STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ORLANDO, FL 32805

SIGNATURE AND THREE OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

☐ Delete

☐ Delete

407-295-9700

☐ Change

☐ Change

Addition

☐ Addition