FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

706611

CORPORATION ANNUAL REPORT

1994-1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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95 FEB 23 PM 3: 23

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95 FEB 23 PM 3: 23

1. Corporation Name: ZION CHURCH INC.

DOCUMENT #
706611 (1)

Mailing Address
C/O RICHARD GUZMAN, PASTOR
~~P.O. BOX 380146~~ e
~~TAMPA FL 33549~~ e

Principal Place of Business
C/O RICHARD GUZMAN, PASTOR
~~P.O. BOX 380146~~ e
~~TAMPA FL 33549~~ e

8/26/94

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21)	P.O. Box 340146
Suite, Apt. #, etc. (22)	
City & State (23)	TAMPA, Fl
Zip (24)	33694-0146
Country (25)	Hillsborough
2a. Principal Place of Business (26)	P.O. Box 340146
Suite, Apt. #, etc. (27)	
City & State (28)	TAMPA, Fl
Zip (29)	33694-0146
Country (30)	Hillsborough

3. Date Incorporated or Qualified: 12/30/1963

3a. Date of Last Report: 06/17/1993

4. FEI Number: 59-0558555 — 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 Exempt from $138.75 Supplemental Fee ☒

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIVERA, DORCAS M.
~~16531 SILVERHILL DRIVE~~ e
~~TAMPA FL 33624~~ e

10. Name and Address of New Registered Agent

81 Name	Rivera, Dorcas M.
82 Street Address (P.O. Box Number is Not Acceptable)	~~12322 Villager Ct.~~
83	602 E. Alexander ST #417
84 City	~~TAMPA~~ PLANT CiTy FL
85 Zip Code	33566

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______ (Registered Agent Accepting Appointment / Registered Agent signature required when changing) DATE ______

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/C/D
1.2 NAME	GUZMAN, RICHARD
1.3 STREET ADDRESS	~~4221 E. 97 AVE.~~ x
1.4 CITY, ST, ZIP	~~TAMPA FL~~ x
2.1 TITLE	T/D
2.2 NAME	RIVERA DORCAS M
2.3 STREET ADDRESS	~~16531 SILVERHILL DRIVE~~
2.4 CITY, ST, ZIP	~~TAMPA FL 33624~~
3.1 TITLE	S/D
3.2 NAME	ROSARIO ELIZABETH A
3.3 STREET ADDRESS	9070 DIXIANA VILLA CIRCLE
3.4 CITY, ST, ZIP	TAMPA FL 33635
4.1 TITLE	
4.2 NAME	94 - $61.25
4.3 STREET ADDRESS	95 - $61.25
4.4 CITY, ST, ZIP	
5.1 TITLE	$122.50
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D
1.2 NAME	Guzman, Richard
1.3 STREET ADDRESS	18302 Livingston Ave.
1.4 CITY, ST, ZIP	Lutz, Fl 33549-5856
2.1 TITLE	T/D
2.2 NAME	Rivera, Dorcas M.
2.3 STREET ADDRESS	~~12322 Villager Ct~~ 602 E. Alexander APT 417
2.4 CITY, ST, ZIP	~~Tampa, Fl 33625~~ Plant city Fl 33566
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

NOTE: This Annual Report form is for the years 1994 AND 1995.
bk 2/23/95

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****122.50 ****122.50

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: Dorcas M. Rivera — 5-1-94 — 813 ~~[illegible]~~ 252-2814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DORCAS M. RIVERA