FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 706611 (1)

1. Corporation Name
ZION CHURCH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 340146 TAMPA FL 33694-0146	P.O. BOX 340146 TAMPA FL 33694-0146

3. Date Incorporated or Qualified: 12/30/1963
3a. Date of Last Report: 02/23/1995

2. Principal Place of Business
21: 2012 TAMPANIA
22: Suite, Apt. #, etc.
23: City & State: TAMPA, FL 33607
24: Zip: 33607
25: Country: Hillsborough

2a. Mailing Address
26: P.O. BOX 15713
27: Suite, Apt. #, etc.
28: City & State: TAMPA, FL
29: Zip: 33684-5713
30: Country: Hillsborough

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

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
602 E. ALEXANDER STREET, #417
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name: Richard Guzman
82 Street Address (P.O. Box Number is Not Acceptable): 22631 Magnolia Trace Blvd
83:
84 City: Lutz FL 85 Zip Code: 33549

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: [signature] Richard Guzman Reg. 2-22-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD GUZMAN, RICHARD 18302 LIVINGSTON AVENUE LUTZ FL 38549-5856	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PCD Richard Guzmán 22631 Magnolia Trace Blvd Lutz Florida 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIVERA, DORCAS M 602 E. ALEXANDER STREET, APT. 217 PLANT CITY FL 33566	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Apt. 417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSARIO, ELIZABETH A 9070 DIXIANA VILLA CIRCLE TAMPA FL 33635	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Daisy A. Licona 5060 76th Av. N. apt 412 Pinellas Park FL 34665	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SD DAISY A. LICONA 5060 76th AV. N APT 412 Pinellas Park Fl. 34665	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mirta Davila 13901 N. Florida Ave Tampa FL 33608	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	TD MIRTA DAVILA 13901 N Florida AVE TAMPA Fl. 33608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 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: [signature] 3/5/96 960-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #