FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7066

(1)

ZION CHURCH, INC.

FILED Feb 27 1998 8:00am Secretary of State

2-15-98

LION), (O), (O), (I)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.								
Principal Place of Business					Mailing Address						
2012 TAMPANIA TAMPA FL 33607 US					P.O. BOX 15713 TAMPA FL 33684-5713 US						3. Date Incorporated or Qualified 12/30/1963
											4. FEI Number Applied For Not Applied be Not Applied For
2. Principal P	lace of Busi			2a. Mailing Address 26						5. Certificate of Status Desired See Required	
Suite, Apt. #, etc.					Sulte, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution \$5,00 May Be Added to Fees
City & State					City & State						7. Is this nonprofit corporation a homeowners association? Yes X No
Zip Country					Zip Count				try		8. This corporation owes or has paid the current year intangible
24		25				30	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	9. Name	and	Address of Curre	nt Re	glet	ered Agent			- :a1	Nama'	10. Name and Address of New Registered Agent
OUTHAN		^						18	1	Name [*]	
GUZMAN, RICHARD 22631 MAGNOLIA TRACE BLVD							,	82 Street Add			ess (P.O. Box Number is Not Acceptable)
LUTZ FL 33549											
i I								8	14	City	FL 85 Zip Code
11. Pursuant	to the provis	ions	of Sections 617.05	02 an	d 61	7.1508. Florida Statu	nes. th	ne abo	L	named corp	
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 objigations of, Section 617.0503, Florida Statutes.											
SIGNATURE	7			U21				Oldid.			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register									geni	l signature require	ed when reinstating) DATE
12.	PCD		OFFICERS AF	ND DII	REC	TORS DELETE	_	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	GUZMAI	N. R	ICHARD			□ otreit		1.1 TITLE 1.2 NAMI			☐ Cusude ☐ votimon
STREET ADDRESS 22831 MAGNOLIA TRACE BL									_	ADDRESS	
CITY-ST-ZIP LUTZ FL					I "				1.4 CITY-ST-ZIP		
TITLE	TD					DELETE	_	2.1 TATLE		ris.	☐ Change ☐ Addillon
NAME	DAVILA, MIRTA 2008 CALLEMAN DRIVE				2:				2.2 NAME		
STREET ADDRESS	BRAND(2.3 STREET ADDRESS		
CITY-ST-ZW		DELETE				2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Change ☐ Addition		
TITLE NAME	MANUALDO MANTEL								3.2 NAME		LJ Change LJ Addition
STREET ADDRESS 22631 MAGNOLIA LACE BLVD										NDORESS .	
CITY-ST-ZIP LUTZ FL									3.4. CITY-ST-ZIP		
TITLE	,					☐ DELETE		4.1 TITLE			☐ Change ☐ Addition
NAME							_ [.	4. 2 NAN	AE.		
STREET ADDRESS							1	4.3 STRE	E1 A	address	
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TITLE						☐ DELETE		5.1 TITLE			Li Change Li Addition
NAME STREET ADDRESS								5.2 NAM I		Incorre	
CITY-ST-ZIP								5.4 CITY		ADDRESS -710	
TITLE						DELETE		6.1 TITLE			☐ Change ☐ Addition
NAME							. [6.2 NAM	Ε	ļ	
STREET ADDRESS								6.3 STRE	ET A	ADDRESS	
CITY-ST-ZIP	L	· · · ·					ىلىر	6.4 CITY	-\$1-	- ZIP	0
14. I hereby of indicated	certify that the on this annu	ie info Jai re	ormation supplied : port or supplemen	with th tal and	ııs fil nual	ing does not qualify t report is true and ac	or the curate	exemend to	iptic that	on stated in t t my signatur	section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an
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 changed, or on an attachment with an apidress.											