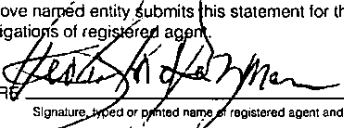
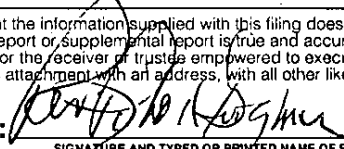


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90031 026 ****70.00

DOCUMENT # 706611 1. Entity Name ZION CHURCH, INC.					
Principal Place of Business 2012 TAMPA TAMPA, FL 33607 US			Mailing Address P.O. BOX 15713 TAMPA, FL 33684-5713 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0558555	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUZMAN, RICHARD 22631 MAGNOLIA TRACE BLVD LUTZ, FL 33549			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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.		RICHARD GUZMAN		2-8-05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD ☐ Delete		TITLE	SD ☐ Change ☒ Addition	
NAME	GUZMAN, RICHARD		NAME	VIDAL, PETER	
STREET ADDRESS	22631 MAGNOLIA TRACE BLVD		STREET ADDRESS	14036 CITRUS POINT DR	
CITY-ST-ZIP	LUTZ, FL		CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	TD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DAVILA, MIRTA		NAME		
STREET ADDRESS	2008 CATTLEMAN DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	SD ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	ROSAS, BELINDA		NAME		
STREET ADDRESS	5009 PARKHILL PL		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
SIGNATURE: 			RICHARD GUZMAN 2-8-05 (80) 679-3116		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		