**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)** 

## Feb 19, 2004 08:00 AM **DOCUMENT # 710454** Secretary of State 1. Entity Name ZION HILL MISSIONARY BAPTIST CHURCH, INCORPORATED Mailing Address Principal Place of Business 2385 N.W. 60TH STREET MIAMI FL 33142 2385 N.W. 60TH STREET MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 65-0058796 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHELTON-WILLIAMS, MARY Street Address (P.O. Box Number is Not Acceptable) 1323 NW 15 AVENUE FORT LAUDERDALE FL 33311 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 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition PERSONS, JIMMIE L REV U000000058102 NAME MAME 13233 SW 255TH TERR 02/20/04-00016-010 61.25 STREET ADDRESS. STREET ADDRESS MIAMI FL CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SHELTON-WILLIAMS, MARY NAME NAME 1323 N.W. 15 AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HARRIS, CHARLIE NAME NAME 5240 NW 30 PL STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. Millians - Financial Accepting 3/10/04 954 320 5362

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED