2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # 710454

1. Entity Name
ZION HILL MISSIONARY BAPTIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
2385 N.W. 60TH STREET MIAMI, FL 33142	2385 N.W. 60TH STREET MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0058796

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNGUEST, MARY D
4821 NW 22 CT
#106
FORT LAUDERDALE, FL 33313

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000906911
05/05/08-80017-010:61:25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERSONS, JIMMIE L REV
STREET ADDRESS	13233 SW 255TH TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	TURNQUEST, MARY D
STREET ADDRESS	4821 NW 22 CT #106
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	TD
NAME	HARRIS, CHARLIE
STREET ADDRESS	5240 NW 30 PL
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary D Turnquest Mary D Turnquest 4-14-08 954-612-2819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #