

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713515

FILED  
Feb 14, 2009  
Secretary of State

**Entity Name:** PEACEFUL ZION MISSIONARY BAPTIST CHURCH OF WEST PALM BEACH, FLORIDA, INC.

**Current Principal Place of Business:**

819 - 8TH ST.  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

819 - 8TH ST.  
WEST PALM BCH., FL 33401

**New Mailing Address:**

819 - 8TH ST.  
WEST PALM BEACH, FL 33411

**FEI Number:** 05-0081722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AUSTIN, SAM  
222 PONCE DE LEON  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BURRS, WILLIAM H PASTOR  
Address: 1500 W. 30TH STREET  
City-St-Zip: RIVIERA BEACH, FL

Title: T ( ) Delete  
Name: WATKINS, JAMES  
Address: 1468 N MAGNOLIA DR  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: AUSTIN, SAM DEACON  
Address: 222 PONCE DE LEON  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DT ( ) Delete  
Name: HAZEL, DOROTHY  
Address: 1071 W. 1ST STREET  
City-St-Zip: RIVIERA BEACH, FL

Title: DT ( ) Delete  
Name: UNDERWOOD, GLORIA  
Address: 322 W. 13TH STREET  
City-St-Zip: RIVIERA BEACH, FL

Title: DS ( ) Delete  
Name: WILLIAMS, CORINE  
Address: 390 W. 22ND STREET  
City-St-Zip: RIVIERA BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, ANDRE MINISTE  
Address: 6914 DESERT INN TERRANCE  
City-St-Zip: LAKE WORTH, FL 33434

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAMS H BURRS

DP

02/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date