


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90013 029 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 715274**

1. Corporation Name

**ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT PIER  
 CE, INC.**

Principal Place of Business

1109 AVE E  
 FT PIERCE FL 34950-8255

Mailing Address

1109 AVE E  
 FT PIERCE FL 34950-8255

301151-90066-45



|   |                         |  |
|---|-------------------------|--|
| 21. Principal Place of Business                 | 2a. Mailing Address     | 3. Date Incorporated or Qualified  |
| 22. Suite, Apt. #, etc.                         | 26. Suite, Apt. #, etc. | 09/17/1968   |
| 23. City & State                                | 27. City & State        | 4. FEI Number  |
| 24. Zip   | 28. Zip                 | 59-2770994   |
| 25. Country                                     | 29. Country             | Applied For  |
|   | 30. Country             | Not Applicable   |
| 9. Name and Address of Current Registered Agent |                         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 10. Name and Address of New Registered Agent    |                         | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |

9. Name and Address of Current Registered Agent

**LAWRENCE, ROBERT**  
 1109 AVENUE E  
 FORT PIERCE FL 33450

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, DOROTHY                     | 1.2 NAME  |   |
| STREET ADDRESS             | 1701 N. 35TH STREET                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FORT PIERCE FL                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LAWRENCE, ROBERT                   | 2.2 NAME  |   |
| STREET ADDRESS             | 1109 AVENUE E                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FORT PIERCE FL                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LAWRENCE, INEZ                     | 3.2 NAME  |   |
| STREET ADDRESS             | 1109 AVENUE E                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FORT PIERCE FL                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **INEZ LAWRENCE** DATE: **1-9-99** DAYTIME PHONE: **564-425-6600**

CR2E037 (1/98)