

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90018 028 ****61.25

DOCUMENT # 715274

1. Entity Name
ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT PIERCE, INC.



Principal Place of Business
**1109 AVE E
 FT PIERCE, FL 34950-8255**

Mailing Address
**1109 AVE E
 FT PIERCE, FL 34950-8255**

50005573



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04162008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2770994

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DOROTHY	
STREET ADDRESS	1701 N. 35TH STREET	
CITY-ST-ZIP	FORT PIERCE, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWRENCE, ROBERT	
STREET ADDRESS	1109 AVENUE "E"	
CITY-ST-ZIP	FORT PIERCE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, INEZ	
STREET ADDRESS	1109 AVENUE E	
CITY-ST-ZIP	FORT PIERCE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert Lawrence Date: May 19, 2008 Daytime Phone #: 7724656500