


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 719297 1. Entity Name NEW ZION BAPTIST CHURCH, INC.	
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Principal Place of Business 202 SIDNEY ROBERTS RD ONA, FL 33865 US	Mailing Address 202 SIDENY ROBERTS RD ONA, FL 33865 US
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04142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-2056904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CONERLY, CAROLYN 9268 TOLBERT STEPHENS RD ONA, FL 33865
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOYE, W. C. 9727 SR 64 W ONA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TOMLINSON, LOIS 267 ALTON RD ONA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBERTS, VALERIA 1585 SIDNEY ROBERTS RD ONA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONERLY, KENNETH E. 9268 TOLBERT STEPHENS RD ONA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CONERLY, CAROLYN 9268 TOLBERT STEPHENS RD ONA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000550099  
 05/13/06-80048-009 61.25

**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: Carolyn J. Conerly 4/24/06 863-655-3616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR