


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # 732444 1. Entity Name ZION CHURCH OF JESUS CHRIST, INC.	
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Principal Place of Business 3700 W. ROBINSON STREET ORLANDO, FL 32805	Mailing Address P.O. BOX 618281 ORLANDO, FL 32861
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04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BISHOP ALVIN PALMER, SR. 3700 W. ROBINSON STREET ORLANDO, FL 32805

**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 reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, ALVIN SR. 3700 W. ROBINSON STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, JAMES R 13933 N. 146TH COURT SURPRISE, AZ 85374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CHRISTINE 15710 N.W. 44TH COURT OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALMER, MARGARET 3700 W. ROBINSON STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARROLL, RAQUEL L 13933 N. 146TH COURT SURPRISE, AZ 85374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BEATRICE F 1205 VIZCAYA LAKE ROAD #109 OCOE, FL 34761

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04/27/05-80156-020 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Margaret A. Palmer* *4/4/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #