

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733486 (5)

1. Corporation Name:
ZION HOPE PRIMITIVE BAPTIST CHURCH OF PENSACOLA, INC.



Principal Place of Business: POB 17246 PENSACOLA FL 32522
Mailing Address: POB 17246 PENSACOLA FL 32522

3. Date Incorporated or Qualified: 08/04/1975
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**JOHNSON, CLEVELAND E.
1611 EAST ANDERSON STREET
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and Zip Code.

11. Pursuant to the provisions of Sections 617.0503 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS (12-17) fields with sub-headers for Title, Name, Street Address, City - St - Zip, and a DELETE checkbox.

13. ADDITIONAL REGISTERED AGENTS (18-23) fields with sub-headers for Title, Name, Street Address, City - St - Zip, and checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE: *Eddie B Smith Sr.* / Eddie Smith Sr 4/30/96 804-477-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)