FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

733486

(5)

ZION HOPE PRIMITIVE BAPTIST CHURCH OF PENSACOLA,

Principal Place of Business	Mailing Address
POB 17246	POB 17246
PENSAGOLA FL 32522	PENSACOLA FL 32522-7246

FILED Mar 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
POB 17246 PENSACOLA F		POB 17246	·					
						3. Date Incorporated or Qualified 08/04/1975	3a. Date of Last Report 05/28/1996	
2. Principal P	face of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number NOT APPLICABLE	Applied Not App	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State	9	City & St.	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	
Zip	Country	Zip		Country	,	8. This corporation has liability for it	ntangible tax under s. 199.	032,
24	25	29	30				Yes No	
	9. Name and Address of Cu	rrent Registered Age	nt			10. Name and Address of New Re	istered Agent	
				81	Name			
	ON, CLEVELAND E. AST ANDERSON STREET			82	Street Ad	idress (P.O. Box Number is Not Acceptab	ө)	
	COLA FL 32503			83				
				84	City		FL 85 Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 617, egistered agent, or both, in the S im familiar with, and accept the o	.0502 and 617.1508, F tate of Florida. Such o bligations of, Section (lorida Statutes, t hange was autho 317.0503, Florida	he above orized by Statutes	e-named corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	roose of changing its regi	stered tered
SIGNATURE .								l
10	Signature, typed or printed name of registere	AND DIRECTORS	(NOTE: Rec	gistered Age	int signature ra	guited when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	10
12. TITLE	D		DELETE	1.1 TITLE	1	ADDITIONS/CHANGES TO OFFIC		Addition
NAME	SMITH, SR, EDDIE	L	Decere	1.2 NAME	j		ر مورسه ا	710010011
STREET ADDRESS	7810 HERRINGTON DR.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32534			1.4 CITY - S				
TITLE	D		DELETE	21 TITLE	11-211		Change	Addition
NAME	YATES, BERNARD C	_		2.2 NAME				
STREET ADDRESS	1025 E ANDERSON ST			2.3 STREET	ADDRESS			ľ
CITY-ST-ZIP	PENSACOLA FL 32503			2. 4 CITY - !	ST-ZIP			j
TITLE	Ť		DELETE	3.1 TITL€	1		☐ Change ☐ .	Addition
NAME	JOHNSON, CLEVELAND ((TRU)		3.2 NAME				
STREET ADDRESS	1611 E. ANDERSON ST.		ŀ	3.3 STREET	ADDRESS			İ
CITY-ST-ZIP	PENSACOLA FL			3.4. CITY-5	ST - ZIP			
TITLE			DELETE	4.1 TITLE			☐ Change ☐	Addition
NAME			1	4. 2 NAME				1
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP			105,575	4.4 CITY - S	T- ZIP			
TITLE		L] DELETE	5.1 TITLE			∟ Change ∟.	Addition
NAME			Į	5.2 NAME	ŀ			ļ
STREET ADDRESS				5.3 STREET				ŀ
CFTY-ST-ZIP			DELETE	54 CITY-S	7-ZIP		Change	Addition
TITLE		<u>L</u>		6.1 TITLE			L Change L	Addition
NAME PERFET ADDRESS				6.2 NAME	ADDRESS			ľ
STREET ADDRESS	10		Į	6.3 STREET	l			ļ
CITY-ST-ZIP	ou certify that the information sun	nlied with this filing do	vac not quality for	6.4 CITY - S		ed in Section 119 07(3)(i) Florida Statutes	Lifurther cortify that the	

non nereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), 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.