


**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90059 025 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 733486**

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

|  |  |
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| Principal Place of Business<br>POB 17246<br>PENSACOLA FL 32522 | Mailing Address<br>POB 17246<br>PENSACOLA FL 32522 |
|--|--|



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|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>28 | 3. Date Incorporated or Qualified<br>08/04/1975   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>NOT APPLICABLE   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><br>JOHNSON, CLEVELAND E.<br>1611 EAST ANDERSON STREET<br>PENSACOLA FL 32503 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |
|---|---|

11. Pursuant to the provisions of Sections 617.0502 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 Cleveland Johnson DATE 1-25-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS             |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE<br>D                             | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>SMITH, SR, EDDIE               |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br>7810 HERRINGTON DR.  |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>PENSACOLA FL 32534      |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE<br>D                             | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>YATES, BERNARD C               |                                 | 2.2 NAME  |   |
| STREET ADDRESS<br>1025 E ANDERSON ST   |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>PENSACOLA FL 32503      |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE<br>T                             | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>JOHNSON, CLEVELAND (TRU)       |                                 | 3.2 NAME  |   |
| STREET ADDRESS<br>1611 E. ANDERSON ST. |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br>PENSACOLA FL            |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                                  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                   |                                 | 4.2 NAME  |   |
| STREET ADDRESS                         |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                            |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                                  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                   |                                 | 5.2 NAME  |   |
| STREET ADDRESS                         |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                            |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                                  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                   |                                 | 6.2 NAME  |   |
| STREET ADDRESS                         |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                            |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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, with all other like empowered.

SIGNATURE: Cleveland Johnson DATE 4/12/99 Daytime Phone # 433-5251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)