


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

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738079</b> 1. Entity Name ZEPHYR CHRISTIAN CHURCH, INC.	
---	---

Principal Place of Business 5940 DOGWOOD ST ZEPHYRHILLS, FL 33542	Mailing Address 5940 DOGWOOD ST ZEPHYRHILLS, FL 33542
---	---



04052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2261568	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**

SPEIGHT, KENNETH L  
39450 SYCAMORE LANE  
ZEPHYRHILLS, FL 33540

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ERNEST SHANK 36701 JODI AVE ZEPHYRHILLS, FL 33541
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SPEIGHT, KENNETH 39450 SYCAMORE LANE ZEPHYRHILLS, FL 33540
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGEE, JOHN 5746 CYPRESS STREET ZEPHYRHILLS, FL 33540
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILCOX, DALE E 6235 BALMY LANE ZEPHYRHILLS, FL 33540
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U000000296053  
04/09/05-80052-014 61.25

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. MAGEE

4/6/05

813-782-2208

Daytime Phone #