FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 742471 (6)

1. Corporation Name

PEACEFUL ZION BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
2641 W 20TH ST SANFORD FL 32771	2641 W 20TH ST SANFORD FL 32771

3. Date Incorporated or Qualified: 04/14/1978
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2887430 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1164 PINE ST.	26 1164 PINE ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ALTAMONTE SPRINGS, FL.	28 City & State: ALTAMONTE SPRINGS, FL.
24 Zip: 32701 25 Country: U.S.A.	29 Zip: 32701 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

GIVENS, MARY ANN
2641 W 20TH ST
SANFORD, FL
32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MENEFEE, G.D.	1.2 NAME	
STREET ADDRESS	5575 HESTER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DEMPS, ALEXANDER	2.2 NAME	
STREET ADDRESS	1228 NORTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS,FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PUGH, JAMES	3.2 NAME	
STREET ADDRESS	225 YALE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, NOEL	4.2 NAME	
STREET ADDRESS	127 LEON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS,FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	PUGH, VERDELL R	5.2 NAME	
STREET ADDRESS	225 YALE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	GIVENS, JERRY L	6.2 NAME	
STREET ADDRESS	2641 W 20TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Noel Martin NOEL MARTIN 4-23-95 (407) 339-0375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000210B