

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **742471** (6)

1. Corporation Name

PEACEFUL ZION BAPTIST CHURCH INC.



Principal Place of Business

Mailing Address

**1164 PINE ST
ALTAMONTE SPRINGS FL 32701
US**

**1164 PINE ST
ALTAMONTE SPRINGS FL 32701-3744
US**

3. Date Incorporated or Qualified **04/14/1978** 3a. Date of Last Report **03/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MENEFEE, G.D.**
STREET ADDRESS **5575 HESTER AVE**
CITY-ST-ZIP **SANFORD, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HILLS, LINDA**
STREET ADDRESS **1500 SUMMERLIN AVE**
CITY-ST-ZIP **SANFORD FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PUGH, JAMES**
STREET ADDRESS **225 YALE DRIVE**
CITY-ST-ZIP **SANFORD FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **GENE A. CHATT**
3.3 STREET ADDRESS **1245 PINE ST.**
3.4 CITY-ST-ZIP **ALTAMONTE SPRGS, FL 32701**

TITLE **PD** ☐ DELETE
NAME **MARTIN, NOEL**
STREET ADDRESS **127 LEON ST**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **PUGH, VERDELL R**
STREET ADDRESS **225 YALE DRIVE**
CITY-ST-ZIP **SANFORD, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **GIVENS, JERRY L**
STREET ADDRESS **2641 W 20TH ST**
CITY-ST-ZIP **SANFORD FL**

6.1 TITLE **TD** ☒ Change ☐ Addition
6.2 NAME **MARTIN, EARIENE**
6.3 STREET ADDRESS **127 LEON ST.**
6.4 CITY-ST-ZIP **ALTAMONTE SPRGS, FL 32701**

14. I do 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.

SIGNATURE: *Noel Martin* **NOEL MARTIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-1997 (407) 339-0375
Date Daytime Phone 40712607

CR2E037 (9/96)