

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90122 033 ****61.25

DOCUMENT # 742471

1. Corporation Name

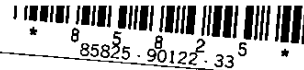
PEACEFUL ZION BAPTIST CHURCH INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

3. Date Incorporated or Qualified

04/14/1978

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

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 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

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

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

TITLE **D** ☐ DELETE
NAME **CIATT, GENE A**
STREET ADDRESS **1245 PINE ST**
CITY-ST-ZIP **ALTAMONTE SPGS FL**

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

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

TITLE **TD** ☐ DELETE
NAME **MARTIN, EARLENE**
STREET ADDRESS **127 LEON ST**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/99 (407) 339-0375

Date

Daytime Phone #

CR2E037 (11/98)