2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # 742471~ 1. Entity Name 04-12-2004 90636 036 ****61.25 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 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE 🔍 CR2E037 (11/03) 56.2441307 City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORNE, VERDELL P Street Address (P.O. Box Number is Not Acceptable) 901 S. PERSIMMON AVE SANFORD FL 32771 Zip Code . 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Financial Secretary TITLE ☐ Delete ☐ Addition WILLIAMS, ALTON NAME NAME 601 Plum Lane 601 PLUM LANE STREET ADDRESS STREET ADDRESS ALTAMONTE FL CITY-ST-ZIP CHY-ST-7/P TITLE Delete TITLE ☐ Change Addition HORNE, CHARLES E NAME NAME 901 S. PERSIMMON AVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE CIIATT, GENE A NAME NAME 1245 PINE ST STREET ADDRESS STREET ADDRESS ALTAMONTE SPGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MARTIN, NOEL NAME NAME 127 LEON ST STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HORNE, VERDELL NAME NAME 901 PERSIMMON AVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARTIN, EARLENE NAME NAME 127 LEON ST STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP

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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. 4-7-04 407-323-7069
Date Daytime Phone #

12. Thereby 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

IE OF SIGNING OFFICER OR DIRECTOR