

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90022 008 ****61.25

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07202006 Chg-NP CR2E037 (4/06)

DOCUMENT # 742471 1. Entity 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 P.O. Box 900972 FERN PARK, FL 32730		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2441307	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HORNE, VERDELL P 901 S. PERSIMMON AVE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD JENKINS, MARCELLA 1010 BLAKE STREET ALTAMONTE, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIATT, Ruby 1245 Pine STREET ALTAMONTE Spgs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, CHARLES E 901 S. PERSIMMON AVE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, Youlanda 225 CENTRAL STREET ALTAMONTE Spgs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIATT, GENE A 1245 PINE ST ALTAMONTE SPGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN-SIMPSON, Wanda 710 SCOOTER PLACE Geneva, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTIN, NOEL 127 LEON ST ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD HORNE, VERDELL 901 PERSIMMON AVE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, EARLENE 127 LEON ST ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Verdeell Pugh Horne - Verdeell Pugh Horne</u> <u>06-20-06</u> <u>407-323-7069</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					