

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90092 008 \*\*\*\*61.25

**DOCUMENT # 742471**

1. Entity Name

PEACEFUL ZION BAPTIST CHURCH INC.



Principal Place of Business

1164 PINE ST  
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address

PO BOX 300972  
FERN PARK, FL 32730 US

40047130



02152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2441307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HORNE, VERDELL P  
901 S. PERSIMMON AVE  
SANFORD, FL 32771

**DO NOT WRITE  
IN THIS SPACE**

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

*Verdeell Pugh Horne*

03-18-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	FSD
NAME	JENKINS, MARCELLA
STREET ADDRESS	1010 BLAKE STREET
CITY-ST-ZIP	ALTAMONTE, FL 32701
TITLE	P
NAME	HORNE, CHARLES E
STREET ADDRESS	901 S. PERSIMMON AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	CLIATT, GENE A
STREET ADDRESS	1245 PINE ST
CITY-ST-ZIP	ALTAMONTE SPGS, FL 32701
TITLE	DV
NAME	MARTIN, NOEL
STREET ADDRESS	127 LEON ST
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	CSD
NAME	HORNE, VERDELL
STREET ADDRESS	901 PERSIMMON AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TD
NAME	MARTIN, EARLENE
STREET ADDRESS	127 LEON ST
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Verdeell Pugh Horne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-07  
Date

407-323-7069  
Daytime Phone #