2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 742471

Entity Name: PEACEFUL ZION BAPTIST CHURCH INC.

Current Principal Place of Business:

1164 PINE ST
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 300972
FERN PARK, FL 32730 US

New Mailing Address:

FEI Number: 56-2441307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, MARCELLA
1010 BLAKE STREET
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: FSD ( ) Delete
Name: JENKINS, MARCELLA
Address: 1010 BLAKE STREET
City-St-Zip: ALTAMONTE, FL 32701

Title: P ( ) Delete
Name: HALL, MAURICE A
Address: 1010 BLAKE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV ( ) Delete
Name: CLIATT, GENE A
Address: 1245 PINE ST
City-St-Zip: ALTAMONTE SPGS, FL 32701

Title: D ( ) Delete
Name: CLIATT, RUBY
Address: 1245 PINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete
Name: HORNE, ROSE
Address: 225 YALE DR.
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: BROOKSHIRE, CELIA
Address: 502 PEACHTREE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BROOKSHIRE, CELIA
Address: 502 PEACHTREE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELLA JENKINS RA 04/28/2009

Electronic Signature of Signing Officer or Director — Date