

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90225 016 ****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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2887430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIVENS, MARY ANN
2641 W 20TH ST
SANFORD FL 32771**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☒ Delete
NAME **MENESEE, G.D.**
STREET ADDRESS **5575 HESTER AVE**
CITY-ST-ZIP **SANFORD FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **WILLIAMS, AITON**
STREET ADDRESS **601 PLUM LN**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MARTIN, NOEL**
STREET ADDRESS **127 LEON ST**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **SD** ☒ Change ☐ Addition
NAME **HORNE, VERDELL**
STREET ADDRESS **901 PERSIMMON AVE, SANFORD, FL 32771**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: VERDELL R PUGH VERDELL R PUGH 2/19/03 (407) 3205050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)