

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**AMENDED****2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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. Name and Address of Current Registered Agent GIVENS, MARY ANN 2641 W 20TH ST SANFORD, FL 32771		5. Name and Address of New Registered Agent Name HORNE, Verdeell Pugh Street Address (P.O. Box Number is Not Acceptable) 901 S. PERSIMMON AVE. City SANFORD FL Zip Code 32771	
6. 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 HORNE, Verdeell Pugh		DATE 7/28/03	
FILE NOW FREE US \$5.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ALTON 601 PLUM LANE ALTAMONTE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLS, LINDA 1500 SUMMERLIN AVE SANFORD, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, CHARLES E 901 S. PERSIMMON AVE. SANFORD, FL 32771 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIATT, GENE A 1245 PINE ST ALTAMONTE SPGS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, NOEL 127 LEON ST ALTAMONTE SPRINGS, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, NOEL 127 LEON ST ALTAMONTE SPRINGS, FL 32701 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNE, VERDELL 901 PERSIMMON AVE SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, EARLENE 127 LEON ST ALTAMONTE SPRINGS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Verdeell Pugh Horne		DATE 7/28/03	
SECRETARY AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR-2003 (10/02)

Date

Original Filing Fee