


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 744889 1. Entity Name NEW ZION PRIMITIVE BAPTIST CHURCH INC. OF TALLAHASSEE, FLORIDA	
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Principal Place of Business 3845 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	Mailing Address 3845 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



07062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1190245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAINES, WILLIE M. PEMBERTON 3501 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUSH, F.R. (REV.) 2256 FLEISCHMANN RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAINES, ROLAND H 22 ACORN RIDGE COURT DURHAM, NC 27707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROLLINGS, JOHN 8931 CELIA RD. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000371053
07/07/05-80001-005 50.00

U00000371053
07/07/05-80001-006 11.25

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	07/02/05 877 2273 <small>Date Daytime Phone #</small>
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