

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003449

FILED
Apr 26, 2005
Secretary of State

Entity Name: LITTLE ZION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3185 LITTLE ZION RD.
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

3630 LITTLE ZION RD
SNEADS, FL 32460

New Mailing Address:

FEI Number: 59-3650555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, JOHN W
3630 LITTLE ZION RD.
SNEADS, FL 32460 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: D () Delete
Name: HARVEY, JOHN W
Address: 3630 LITTLE ZION RD.
City-St-Zip: SNEADS, FL 32460

Title: VD () Delete
Name: BRINSON, IRENE K
Address: 3831 LITTLE ZION RD.
City-St-Zip: SNEADS, FL 32460

Title: TD () Delete
Name: HARVEY, JOYCE D
Address: 3630 LITTLE ZION RD.
City-St-Zip: SNEADS, FL 32460

Title: SD () Delete
Name: HIGHSMITH, MARTHA
Address: 7447 WELCOME CHURCH RD.
City-St-Zip: SNEADS, FL 32460

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN W. HARVEY

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date