


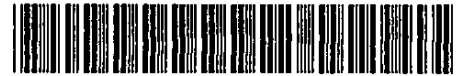
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am -**  
**Secretary of State**

04-17-2007 90050 006 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000003449	
<b>1. Entity Name</b> LITTLE ZION COMMUNITY ASSOCIATION, INC.	

<b>Principal Place of Business</b> 3185 LITTLE ZION RD. SNEADS FL 32460	<b>Mailing Address</b> 3630 LITTLE ZION RD SNEADS FL 32460
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<b>2. Principal Place of Business - No P.O. Box #</b> Little Zion Comm Assoc Suite, Apt. #, etc. 3185 Little Zion Rd.	<b>3. Mailing Address</b> Little Zion Comm. Assoc. Suite, Apt. #, etc. 3630 Little Zion Rd.
<b>City &amp; State</b> Sneads FL.	<b>City &amp; State</b> Sneads FL.
<b>Zip</b> 32460	<b>Country</b> Jackson

1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  HARVEY, JOHN W 3630 LITTLE ZION RD. SNEADS FL 32460	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>4. FEI Number</b> 59-3650555	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**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** John W Harvey **DATE** 4/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HARVEY, JOHN W		<b>NAME</b>	
<b>STREET ADDRESS</b> 3630 LITTLE ZION RD.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> SNEADS FL 32460		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BRINSON, IRENE K		<b>NAME</b>	
<b>STREET ADDRESS</b> 3831 LITTLE ZION RD.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> SNEADS FL 32460		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> TD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HARVEY, JOYCE D		<b>NAME</b>	
<b>STREET ADDRESS</b> 3630 LITTLE ZION RD.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> SNEADS FL 32460		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HIGHSMITH, MARTHA		<b>NAME</b>	
<b>STREET ADDRESS</b> 7447 WELCOME CHURCH RD.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> SNEADS FL 32460		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** John W Harvey **DATE:** 4/9/07