

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006328

**FILED
Jul 20, 2004
Secretary of State**

Entity Name: ZION HOPE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

710 ORANGE AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 727
SANFORD, FL 327720727 US

New Mailing Address:

FEI Number: 59-3611641 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KING, WILLIE H
710 ORANGE AVENUE
SANFORD, FL 32771

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: KING, WILLIE H
Address: 710 ORANGE AVE. (PO BOX 727)
City-St-Zip: SANFORD, FL 327713069

Title: D () Delete
Name: BROOKS, FRED
Address: 710 ORANGE AVE. (PO BOX 727)
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: ALEXANDER, EUGENE
Address: 710 ORANGE AVE. (PO BOX 727)
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: HANKERSON, CLARENCE
Address: 710 ORANGE AVE. (PO BOX 727)
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROOKS, FRED
Address: 710 ORANGE AVE. (PO BOX 727)
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HANKERSON, CLARENCE
Address: 710 ORANGE AVE. (PO BOX 727)
City-St-Zip: SANFORD, FL 32771

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: CLARENCE HANKERSON

D

07/20/2004

Electronic Signature of Signing Officer or Director

_____ Date