

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006328

FILED  
Jul 08, 2006  
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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KING, WILLIE H  
710 ORANGE AVENUE  
SANFORD, FL 32771 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: 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: SANFORD, FL 32771

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: SANFORD, FL 32771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: T ( ) Change (X) Addition  
Name: NARVA, ALEXANDER  
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 Chapter 119, 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 E. HANKERSON II

D

07/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date