

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90223 050 \*\*\*\*61.50

<b>DOCUMENT # N01000002577</b> 1. Entity Name <b>ZION TABERNACLE, INC.</b>					
Principal Place of Business <b>350 W WEATHERBEE ROAD FT PIERCE, FL 34982</b>			Mailing Address <b>350 W WEATHERBEE ROAD FT PIERCE, FL 34982</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>Same as above</i> City & State <i>above</i>			3. Mailing Address Suite, Apt. #, etc. <i>above</i> City & State <i>above</i>		
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number <b>65-1098523</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>KENDALL, PAUL 350 W WEATHERBEE ROAD FT PIERCE, FL 34982</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 <u><i>N/A</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>KENDALL, PAUL</b> <b>350 W WEATHERBEE ROAD</b> <b>FT PIERCE, FL 34982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> <b>KENDALL, EVIE</b> <b>350 W WEATHERBEE ROAD</b> <b>FT PIERCE, FL 34982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>KENDALL, RICHARD</b> <b>1967 SW SYLVESTER LN</b> <b>PORT ST LUCIE, FL 34984</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Evie Kendall</i></u> <b>Evie Kendall</b> <u><i>4-26-04</i></u> <u><i>772-466-4017</i></u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					