


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90148 026 \*\*\*\*61.25

<b>DOCUMENT # N01000002577</b> 1. Entity Name <b>ZION TABERNACLE, INC.</b>					
Principal Place of Business <b>210 E WEATHERBEE RD FT PIERCE, FL 34982</b>			Mailing Address <b>210 E WEATHERBEE RD FT PIERCE, FL 34982</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1098523</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KENDALL, PAUL 350 W WEATHERBEE ROAD FT PIERCE, FL 34982</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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>Paul S Kendall Paul S Kendall President</u> DATE: <u>5-30-06</u> <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</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDALL, PAUL		NAME		
STREET ADDRESS	350 W WEATHERBEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDALL, EVIE		NAME		
STREET ADDRESS	350 W WEATHERBEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDALL, RICHARD		NAME		
STREET ADDRESS	1967 SW SYLVESTER LN		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34984		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Paul S Kendall Paul S Kendall President</u> DATE: <u>5-30-06</u> 772-359-9466 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT  
50020675  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

N01000002577

Business Entity Name

ZION TABERNACLE, INC.

FEI Number 651098523

FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

## Principal Place of Business

Address 210 E WEATHERBEE RD  
Suite, Apt. #, etc.  
City, State FT PIERCE, FL  
Zip Code & Country 34982

## Mailing Address

Address 210 E WEATHERBEE RD  
Suite, Apt. #, etc.  
City, State FT PIERCE, FL  
Zip Code & Country 34982

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) KENDALL, PAUL

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 350 W WEATHERBEE ROAD

Suite, Apt. #, etc.

City, State FT PIERCE, FL  
Zip Code & Country 34982 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	DP
Name (Last, First, Middle, Title)	KENDALL, PAUL, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	350 W WEATHERBEE ROAD
City, State	FT PIERCE, FL
Zip Code & Country	34982

Title	DV
Name (Last, First, Middle, Title)	KENDALL, EVIE, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	350 W WEATHERBEE ROAD
City, State	FT PIERCE, FL
Zip Code & Country	34982

Title	DS
Name (Last, First, Middle, Title)	KENDALL, RICHARD, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	1967 SW SYLVESTER LN
City, State	PORT ST LUCIE, FL
Zip Code & Country	34984

Title

ATTACHMENT 570220625  
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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
 Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
 Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
 Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

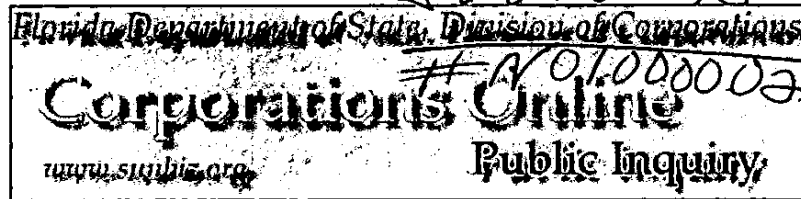
Officer/Director Signature

DP  
 Paul S. [Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue    Reset

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## Florida Non Profit

## ZION TABERNACLE, INC.

## PRINCIPAL ADDRESS

210 E WEATHERBEE RD

FT PIERCE FL 34982

Changed 04/22/2005

## MAILING ADDRESS

210 E WEATHERBEE RD

FT PIERCE FL 34982

Changed 04/22/2005

Document Number  
N01000002577

FEI Number  
651098523

Date Filed  
04/09/2001

State  
FL

Status  
ACTIVE

Effective Date  
NONE

Last Event  
REINSTATEMENT

Event Date Filed  
11/10/2003

Event Effective Date  
NONE

## Registered Agent

Name & Address
KENDALL, PAUL 350 W WEATHERBEE ROAD FT PIERCE FL 34982

## Officer/Director Detail

Name & Address	Title
KENDALL, PAUL 350 W WEATHERBEE ROAD FT PIERCE FL 34982	DP
KENDALL, EVIE 350 W WEATHERBEE ROAD FT PIERCE FL 34982	DV
KENDALL, RICHARD	

**ATTACHMENT**  
~~12020625~~  
~~#N01000002577~~

1967 SW SYLVESTER, LN PORT ST LUCIE FL 34984	DS
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### Annual Reports

Report Year	Filed Date
2003	11/10/2003
2004	05/05/2004
2005	04/22/2005

[Previous Filing](#)[Return to List](#)[Next Filing](#)[View Events](#)[No Name History Information](#)

### Document Images

Listed below are the images available for this filing.

<a href="#">04/22/2005 -- ANN REP/UNIFORM BUS REP</a>
<a href="#">05/05/2004 -- ANN REP/UNIFORM BUS REP</a>
<a href="#">11/10/2003 -- REINSTATEMENT</a>
<a href="#">04/09/2001 -- Domestic Non-Profit</a>

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

[Corporations Inquiry](#)[Corporations Help](#)



ATTACHMENT

50020675

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2006

ZION TABERNACLE, INC.  
210 E WEATHERBEE RD  
FT PIERCE, FL 34982

SUBJECT: ZION TABERNACLE, INC.  
Ref. Number: N01000002577

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER  
OPS

Letter Number: 206A00035254

See attached forms