

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 040 ****70.00

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1. Entity Name
ZION NON DENOMINATIONAL CHRISTIAN CHURCH, INC.



Principal Place of Business
**1315 LANE AVENUE SUITE 3
JACKSONVILLE, FL 32205**

Mailing Address
**1315 LANE AVENUE SUITE 3
JACKSONVILLE, FL 32205**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
04-3682736

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, JEANETTE M
6650 SHILOH CREEK DRIVE
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, JEANETTE M
STREET ADDRESS	1315 LANE AVENUE SUITE 3
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	T
NAME	GRAHAM, ERNEST L
STREET ADDRESS	1315 LANE AVENUE SUITE 3
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	T
NAME	ALLEN, XXXX Kenneth
STREET ADDRESS	1315 LANE AVENUE SUITE 3
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	Coles, Patricia - Church Administ.
NAME	1315 Lane Ave, #3
STREET ADDRESS	Jacksonville, FL 32205
CITY-ST-ZIP	
TITLE	T
NAME	Bryant, Tammy
STREET ADDRESS	1315 Lane Ave, #3
CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *Jeanette M. Graham* **Jeanette M. Graham** 01/31/04 904-722-8793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #