


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004582	
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
---	---



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3682736	Applied For <input checked="" type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 <u>Jeanette M. Graham, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Jeanette M. Graham</u> 1/13/05 <small>(NOTE: Registered Agent signature required when reappointing) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JEANETTE M 1315 LANE AVENUE SUITE 3 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHAM, ERNEST L 1315 LANE AVENUE SUITE 3 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, KENNETH 1315 LANE AVENUE SUITE 3 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA COLES, PATRICIA 1315 LANE AVE., #3 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYANT, TAMMY 1315 LANE AVE., #3 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000181272
01/14/05-80037-016 61.25

U000000181272
01/14/05-80037-017 8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Jeanette M. Graham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Jeanette M. Graham</u> 1/13/05 <small>Date Daytime Phone #</small>

904
772-8793