


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90096 014 ****70.00

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		
2. Principal Place of Business 532 Edgewood Ave S Suite, Apt. #, etc.		3. Mailing Address 532 Edgewood Ave S. Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville, FL		4. FEI Number 04-3682736	
Zip 32205		Country Duval		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			7. Name and Address of New Registered Agent 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: <i>Jeanette M. Graham</i> <i>Janella A. Golan</i> <i>02/06/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State <input checked="" type="checkbox"/>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA COLES, PATRICIA 1315 LANE AVE., #3 JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYANT, TAMMY 1315 LANE AVE., #3 JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Stanley Bryant 532 Edgewood Ave JACKSONVILLE, FL 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Janella A. Golan</i> <i>Jeanette M. Graham</i> <i>02/06/06</i> <i>904</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					