


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N02000004582 |  |
| 1. Entity Name ZION NON DENOMINATIONAL CHRISTIAN CHURCH, INC. | |

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|---|---|
| Principal Place of Business 532 EDGEWOOD AVE JACKSONVILLE, FL 32205 | Mailing Address 532 EDGEWOOD AVE JACKSONVILLE, FL 32205 |
|---|---|

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01062007 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 04-3682736 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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**

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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 *Jeanette M. Graham* *Jeanette M. Graham* *3/22/07*
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000696948
04/18/07-20019-017 70.00

| 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 | TR BRYANT, STANLEY 532 EDGEWOOD AVE 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 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 *Jeanette M. Graham* *3/22/07* *904 534-0298*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #