2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 30, 2004 8:00 am

DOCUMENT # N0300000717 1. Entity Name NEW ZION PRIMITIVE BAPTIST CHURCH OF SANFORD, INC.					Secretary of State 04-30-2004 90215 029 ****61.25				
Principal Place 2390 GREEN SANFORD, FI		Mailing Address 2390 GREEN WAY SANFORD, FL 32771	2390 GREEN WAY						
2. Principal Place of Business 3. Mail		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04202004 Chg-NP CR2E037 (10/03)				
City & Stat	e	City & State	City & State		4. FEI Number		— — — — —	plied For	
Zip	Zip Country		Country		5. Certificate of S	itatus Desired	\$8.75 Add	litional	
E. Nome and Address of Courant Declarated Agent			1	<u> </u>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Varie					
WHITTAKER, ROBERT 2390 GREEN WAY SANFORD, FL 32771				Street Address (P.O. Box Number is Not Acceptable)					
SANFORL), FL 32111						· · · · · · · · · · · · · · · · · · ·		
372.4			City	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 according to the control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the control of the purpose of changing its registered agent, or both, in the State of Florida.								and accept	
the obligations of registered agent.								and dooppe	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
O Station Committee States					•	T			
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIR	ECTORS	11.	_ ^	ADDITIONS/CHANG	SES TO OFFICERS AND D	IRECTORS IN	10	
TIRLE	D/C	☐ Delete	TITLE D/	1 20	۸. ۱۰ م س	M CAV	☐ Change	☐ Addition	
NAME	WHITTAKER, ROBERT PASTOR	₹	NAME	14	1 KICIH	MCCOY Blod			
STREET ADDRESS	2705 TEAK PLACE		STREET ADDRESS	300	04 TRU	mm 13			
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	SA	nford I	1 32771			
TITLE	D _ R	☐ Delete	TITLE		10.00,	I	Change	Addition	
NAME	HUDSON, FREDDIE DEACON		NAME	}					
STREET ADDRESS	424 CEDWRWOOD CT.		STREET ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE			-11	Change	Addition	
NAME	SMITH, EMMA		NAME		•				
STREET ADDRESS	1911 MULLET LAKE PARK RD.		STREET ADDRESS						
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP	i.					
TITLE	∦ o	☐ Delete	TITLE				☐ Change	Addition	
NAME	PERRY, JACQUE		NAME						
STREET ADDRESS	1		STREET ADDRESS						
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP						
TITLE	GARD/T	☐ Deletz	TITLE				Change	☐ Addition	
NAME	GUESS, CHUCKY E		NAME	i					
STREET ADDRESS	603 ORANGE AVE.		STREET ADDRESS						
CRTY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP						
TITLE 15	1 Caulis MARIZTIAN	☐ Dalata	TIDE	t				☐ Addition	

CITY-ST-ZIP SAN Fo C D FL 32.771 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all phyr like empowered.

NAME

STREET ADDRESS

2201 CENTER STREET

NAME

STREET ADDRESS

ROBERT 407-310-8185 SIGNATURE: 4