


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90215 029 \*\*\*\*61.25

<b>DOCUMENT # N03000000717</b>					
<b>1. Entity Name</b> NEW ZION PRIMITIVE BAPTIST CHURCH OF SANFORD, INC.					
<b>Principal Place of Business</b> 2390 GREEN WAY SANFORD, FL 32771			<b>Mailing Address</b> 2390 GREEN WAY SANFORD, FL 32771		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WHITTAKER, ROBERT 2390 GREEN WAY SANFORD, FL 32771			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D/T WHITTAKER, ROBERT PASTOR <input type="checkbox"/> Delete 2705 TEAK PLACE LAKE MARY, FL 32746				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, FREDDIE DEACON <input type="checkbox"/> Delete 424 CEDARWOOD CT. WINTER SPRINGS, FL 32708				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, EMMA <input type="checkbox"/> Delete 1911 MULLETT LAKE PARK RD. GENEVA, FL 32732				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, JACQUE <input type="checkbox"/> Delete 1911 MULLETT LAKE PARK RD. GENEVA, FL 32732				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	G/D/T GUESS, CHUCKY E <input type="checkbox"/> Delete 603 ORANGE AVE. SANFORD, FL 32771				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS MARTIN <input type="checkbox"/> Delete 2201 CENTER STREET SANFORD, FL 32771				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
D/T PATRICIA MCOY <input type="checkbox"/> Change <input type="checkbox"/> Addition 3004 Truman Blvd Sanford, FL 32771					
[Empty Row] <input type="checkbox"/> Change <input type="checkbox"/> Addition					
[Empty Row] <input type="checkbox"/> Change <input type="checkbox"/> Addition					
[Empty Row] <input type="checkbox"/> Change <input type="checkbox"/> Addition					
[Empty Row] <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> ROBERT L. WHITTAKER 4/28/04 407-310-8185					