

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000717

FILED  
Aug 04, 2005  
Secretary of State

**Entity Name:** NEW ZION PRIMITIVE BAPTIST CHURCH OF SANFORD, INC.

**Current Principal Place of Business:**

2390 GREEN WAY  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

2390 GREEN WAY  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WHITTAKER, ROBERT  
2390 GREEN WAY  
SANFORD, FL 32771      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC                      ( ) Delete  
Name: WHITTAKER, ROBERT PASTOR  
Address: 2705 TEAK PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D                      ( ) Delete  
Name: HUDSON, FREDDIE DEACON  
Address: 424 CEDARWOOD CT.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD                      ( ) Delete  
Name: SMITH, EMMA  
Address: 1911 MULLETT LAKE PARK RD.  
City-St-Zip: GENEVA, FL 32732

Title: D                      ( ) Delete  
Name: PERRY, JACQUE  
Address: 1911 MULLETT LAKE PARK RD.  
City-St-Zip: GENEVA, FL 32732

Title: T                      ( ) Delete  
Name: GUESS, CHUCKY E  
Address: 603 ORANGE AVE.  
City-St-Zip: SANFORD, FL 32771

Title: D                      ( ) Delete  
Name: MARTIN, LEWIS  
Address: 2201 CENTER STREET  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D                      (X) Change ( ) Addition  
Name: MCCOY, PATRICIA  
Address: 3004 TRUMAN BLVD.  
City-St-Zip: SANFORD, FL 32771

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. WHITTAKER

C

08/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date