

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000717

FILED
Sep 06, 2006
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:

Name and Address of New Registered Agent:

WHITTAKER, ROBERT
2390 GREEN WAY
SANFORD, FL 32771 US

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 CEDWRWOOD CT.
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

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 Chapter 119, 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

DC

09/06/2006

Electronic Signature of Signing Officer or Director

Date