


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005799		
1. Entity Name FIRST NEW ZION MISSIONARY BAPTIST CHURCH, INC.		
Principal Place of Business 4835 SOUTEL DR JACKSONVILLE, FL 32208	Mailing Address 4835 SOUTEL DR JACKSONVILLE, FL 32208	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAMPSON, JAMES DR. 4835 SOUTEL DR JACKSONVILLE, FL 32208		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMPSON, JAMES B 4835 SOUTEL DR JACKSONVILLE, FL 32208	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROGERSN, DONALD 4835 SOUTEL DR JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCQUEEN, CYNELL 4835 SOUTEL DR JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNEFIELD, SAMUEL 4835 SOUTEL DR JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, SAMUEL 4835 SOUTEL DR JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBERT, KATHY 4835 SOUTEL DR JACKSONVILLE, FL 32208	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 filers empowered.		
SIGNATURE: <i>Heila M. Kendrick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR</small>		Date: <i>7/2/05</i> Daytime Phone #: <i>904</i>



07032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2990909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/15/05-80009-005 70.00