



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90010 005 \*\*\*\*61.25

<b>DOCUMENT # N21142</b> 1. Entity Name <b>ZION CHRISTIAN CHURCH, INC.</b>					
Principal Place of Business <b>891 COPLY ST., S.E.</b> <b>PALM BAY, FL 32909 US</b>			Mailing Address <b>891 COPLY ST., S.E.</b> <b>PALM BAY, FL 32909 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01062004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-2846159</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WRIGHT, ERIC</b> <b>1200 HILLTOP CT. S.W.</b> <b>PALM BAY, FL 32909</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, ERIC 1200 HILLTOP CT. S.W./ PALM BAY, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EVANS, PAUL 628 ANCHOR LANE MELBOURNE, FL 32904		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HORNE, FRANK 1099 MEADOW BROOK ROAD NE PALM BAY, FL 32905		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRIS A. WHITE 1715 CLUB GARDEN DR. NE PALM BAY, FL 32905		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRIS A. WHITE 1715 CLUB GARDEN DR. NE PALM BAY, FL 32905		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRIS A. WHITE 1715 CLUB GARDEN DR. NE PALM BAY, FL 32905		<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRIS A. WHITE 1715 CLUB GARDEN DR. NE PALM BAY, FL 32905		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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>SIGNATURE: <u>Eric M. Wright, Pres.</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2/24/04</b> Phone <b>321-723-7246</b>					