

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21142

FILED
Mar 06, 2008
Secretary of State

Entity Name: ZION CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

891 COPLY ST., S.E.
PALM BAY, FL 32909 US

New Principal Place of Business:

Current Mailing Address:

891 COPLY ST., S.E.
PALM BAY, FL 32909 US

New Mailing Address:

FEI Number: 59-2846159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, THOMAS
1624 BROOKSHIRE CR.
W. MELBOURNE, FL 32904 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: DP () Delete
Name: WALKER, THOMAS
Address: 1624 BROOKSHIRE CR.
City-St-Zip: W. MELBOURNE, FL 32904

Title: DV () Delete
Name: BO, THOMAS
Address: 1190 RAMBLEBROOK STREET
City-St-Zip: MALABAR, FL 32950

Title: S () Delete
Name: ELEY, NATHAN
Address: 2470 WINCHASER CT.
City-St-Zip: W. MELBOURNE, FL 32904

Title: T () Delete
Name: KOOB, MARY R
Address: 964 GARDENBROOK CT.
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: GRECO, RUDY
Address: 3135 SHADY HILL LN., #148
City-St-Zip: MELBOURNE, FL 32935

Title: S (X) Change () Addition
Name: ELEY, NATHAN
Address: 419 BLUE HERON RD.
City-St-Zip: W. MELBOURNE, FL 32904

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY R. KOOB

T

03/06/2008

Electronic Signature of Signing Officer or Director

Date