2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Apr 16, 2008 DOCUMENT# N21142 Secretary of State

Entity Name: ZION CHRISTIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2846159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALKER, THOMAS 1624 BRÓOKSHIRE CR. W. MELBOURNE, FL 32904 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Change () Addition () Delete

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

Title: DV Title: DV (X) Change () Addition () Delete

Name: GRECO, RUDY Name: GRECCO, RUDOLPH Address: 3135 SHADY HILL LN., #148 Address: 3135 SHADY HILL LN., #148 City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935

Title: () Delete Title: (X) Change () Addition

ELEY, NATHAN MITCHELL, LANCE Name: Name: 419 BLUE HERON RD. 683 GEDDES ST., SW Address: Address: City-St-Zip: W. MELBOURNE, FL 32904 City-St-Zip: PALM BAY, FL 32908

Title: () Delete Title: () Change () Addition

Name: KOOB, MARY R Name: 964 GARDENBROOK CT. Address: Address: City-St-Zip: PALM BAY, FL 32909 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 Τ 04/16/2008