

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90107 046 \*\*\*\*61.25

**DOCUMENT # N33656**

**1. Entity Name**  
**ZION HILL PRIMITIVE BAPTIST CHURCH, INC.**

**Principal Place of Business**      **Mailing Address**  
**1348 SIDNEY AVENUE**      **1348 SIDNEY AVENUE**  
**LAKELAND FL 33805**      **LAKELAND FL 33805**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **59-6363866**      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SHANNON, VINCENT L.**  
**1345 N. WEBSTER AVENUE**  
**LAKELAND FL 33805**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

**9. Election Campaign Financing**       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SHANNON, VINCENT L</b>
STREET ADDRESS	<b>1345 N. WEBSTER AVENUE</b>
CITY-ST-ZIP	<b>LAKELAND FL 33805-3510</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STALLWORTH, LINDA A</b>
STREET ADDRESS	<b>828 LAKEHURST ST</b>
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WATKINS, EDDIE C</b>
STREET ADDRESS	<b>828 QUINCY</b>
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RICH, HATTIE</b>
STREET ADDRESS	<b>1219 ROBERT KING HIGH DRIVE</b>
CITY-ST-ZIP	<b>LAKELAND FL-33805</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MALLARD, EDDIE G</b>
STREET ADDRESS	<b>1007 W. 11TH ST</b>
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HARRIS, MARVIN</b>
STREET ADDRESS	<b>640 W. 12TH STREET</b>
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.**

**SIGNATURE:** *SHANNON VINCENT L. SHANNON*      **7/20/00**      **8636878092**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (5/00)