
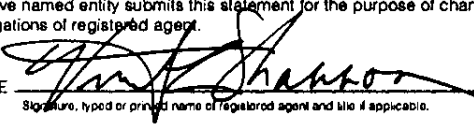
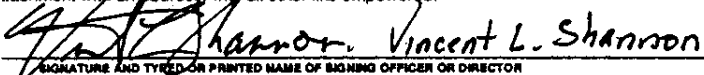


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90043 040 \*\*\*\*61.25

<b>DOCUMENT # N33656</b>					
1. Entity Name ZION HILL PRIMITIVE BAPTIST CHURCH, INC.					
Principal Place of Business 1348 SIDNEY AVENUE LAKELAND, FL 33805			Mailing Address 1348 SIDNEY AVENUE 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	4. FEI Number 59-6363866	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHANNON, VINCENT L 1345 N. WEBSTER AVENUE LAKELAND, FL 33805			Name <b>SHANNON, VINCENT L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7691 CANTERBURY CIRCLE</b> City <b>LAKELAND</b> FL Zip Code <b>33840</b>		
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 					DATE <b>3/14/04</b>
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reconstituting)		
<b>Filing Fee is \$61.25 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>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, VINCENT L		NAME	SHANNON, VINCENT L	
STREET ADDRESS	1345 N. WEBSTER AVENUE		STREET ADDRESS	7691 Canterbury Circle	
CITY - ST - ZIP	LAKELAND, FL 338053510		CITY - ST - ZIP	Lakeland, FL 33810-3404	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, HOWARD		NAME	Neal, Robert	
STREET ADDRESS	1126 W 8TH ST		STREET ADDRESS	1024 West 6th ST	
CITY - ST - ZIP	LAKELAND, FL 33805		CITY - ST - ZIP	Lakeland, FL 33805	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, EDDIE C		NAME	Ray, Oscar	
STREET ADDRESS	828 QUINCY		STREET ADDRESS	2409 Cheshire Place	
CITY - ST - ZIP	LAKELAND, FL 33805		CITY - ST - ZIP	Lakeland, FL 33810	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, HATTIE		NAME	DIXON, THERESA	
STREET ADDRESS	1219 ROBERT KING HIGH DRIVE		STREET ADDRESS	1451 N. LINCOLN AVENUE	
CITY - ST - ZIP	LAKELAND, FL 33805		CITY - ST - ZIP	Lakeland, FL 33805	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLARD, EDDIE G		NAME		
STREET ADDRESS	1007 W. 11TH ST		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33805		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MARVIN		NAME		
STREET ADDRESS	640 W. 12TH STREET		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33805		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: 			DATE: <b>3/14/04</b>		DAYTIME PHONE #: <b>863 559 5310</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #