


Second Reply

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N35705 1. Entity Name GREATER ZION GROVE BAPTIST CHURCH, INC.	
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Principal Place of Business 6345 118TH ST JACKSONVILLE, FL 32244	Mailing Address 6345 118TH ST JACKSONVILLE, FL 32244
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01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3173074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TUCKER, PASTOR WILLIE O
7871 118TH STREET
JACKSONVILLE, FL 32244

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PATTON, WILLIE 1303 RED MAPLE COURT ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, BENNY 5911 JOHN F KENNEDY DR N JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUCKER, WILLIE O 7871 118TH ST JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, JIMMIE P 13407 ASHCROFT LANDING COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, JACKIE 6149 TURKNETT ROAD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULVER, CLARENCE 981 COBBLESTONE DR ORANGE PARK, FL 32065

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07/11/08-80007-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-08

904 771 4712