

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40270

1. Entity Name

THE MESSIAH OF ZION CHRIST CHURCH, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90007 014 ****61.25

828637



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14792 S.W. 174TH COURT WESTBROOK INDIANTOWN FL 34956	P.O. BOX 265 INDIANTOWN FL 34956-0265

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	Applied For
65-0228874	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, ROBERT
14792 S.W. 174TH COURT WESTBROOK
INDIANTOWN FL 34956

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 Robert Allen

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	--

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, ROBERT L
STREET ADDRESS	14792 175TH CT. W.BROOK
CITY-ST-ZIP	INDIANTOWN FL
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, MARGARET
STREET ADDRESS	14792 175TH CT. W.BROOK
CITY-ST-ZIP	INDIANTOWN FL
TITLE	D <input type="checkbox"/> Delete
NAME	FUSE, MARY
STREET ADDRESS	14792 174TH CT. W.BROOK
CITY-ST-ZIP	INDIANTOWN FL
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, L. DAMEON
STREET ADDRESS	221 PUTNAM ST
CITY-ST-ZIP	SYRACUSE NY
TITLE	D <input type="checkbox"/> Delete
NAME	PARKS, FREEMAN
STREET ADDRESS	14792 174TH CT. W.BROOK
CITY-ST-ZIP	INDIANTOWN FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Bishop Robert Allen 3-27-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)