


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N40270</b>		
1. Entity Name <b>THE MESSIAH OF ZION CHRIST CHURCH, INC.</b>		

Principal Place of Business <b>14792 S.W. 174TH COURT WESTBROOK INDIANTOWN, FL 34956</b>	Mailing Address <b>P.O. BOX 265 INDIANTOWN, FL 34956</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**05 JAN 28 AM 10:58**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01282005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0228874</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALLEN, ROBERT 14792 S.W. 174TH COURT WESTBROOK INDIANTOWN, FL 34956</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, ROBERT L</b>	NAME	
STREET ADDRESS	<b>14792 175TH CT. W.BROOK</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN, FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, MARGARET</b>	NAME	
STREET ADDRESS	<b>14792 175TH CT. W.BROOK</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN, FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUSE, MARY</b>	NAME	
STREET ADDRESS	<b>14792 174TH CT. W.BROOK</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN, FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, L. DAMEON</b>	NAME	
STREET ADDRESS	<b>221 PUTNAM ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SYRACUSE, NY</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKS, FREEMAN</b>	NAME	
STREET ADDRESS	<b>14792 174TH CT. W.BROOK</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN, FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

<b>SIGNATURE:</b> <i>Robert L Allen</i>	<b>1-28-2005</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #