07-31-2007 90008 014 ****61.00
N40270

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 A.M.
Secretary of State

DOCUMENT # N40270

1. Entity Name
THE MESSIAH OF ZION CHRISTIAN LIFE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14792 SW 175 TH	P.O. BOX 205
Suite, Apt. #, etc.	Suite, Apt. #, etc.
INDIANTOWN	Indiantown FL
City & State	City & State
N/A	
Zip / Country	Zip / Country
34956 MARTIN	34956 Martin

CR2E037B (8/05)

4. FEI Number 65-0228824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT ALLEN

Street Address (P.O. Box Number is Not Acceptable): 14792 SW 175TH CT

City: INDIANTOWN FL Zip Code: 34956

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

FEE IS $61.25
Initial or Amended AR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Allen, Robert L / Bishop 14792 175TH CT. W. Brook Indiantown FL 34956	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/27
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marie Dagrin / First Lady 14792 175TH CT. W. Brook Indiantown FL 34956	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary Fuse / Secretary 14792 174 CT W Brook Indiantown FL 34956	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Parks, Freeman / Assistant Pastor 14792 174TH CT. W. Brook Indiantown FL 34956	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L Allen 7-24-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #