

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000923 (3)

1. Corporation Name

ZION HILL CHRISTIAN CENTER INC.



Principal Place of Business	Mailing Address
ZION HILL CHRISTIAN CT 4119 N. DIXIE HWY POMPANO BCH FL 33064 US	ZION HILL CHRISTIAN CENTER 4119 N DIXIE HIGHWAY POMPANO BEACH FL 33064 US

3. Date Incorporated or Qualified	02/23/1993
4. FEI Number	65-0394080
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. ZION HILL CHRISTIAN CT Suite, Apt. #, etc.	26. ZION HILL CHRISTIAN CT Suite, Apt. #, etc.
22. 115 SW 16th St #113 City & State	27. 115 SW 16th St #113 City & State
23. Pompano, FL Zip	28. Pompano, FL Zip
24. 33060 Country	29. 33060 Country
25. U.S.	30. U.S.

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
JENKINS, KEITH ZION HILL CHRISTIAN CT 4119 N. DIXIE HWY POMPANO BCH FL 33064

10. Name and Address of New Registered Agent
81. Name JENKINS, KEITH
82. Street Address (P.O. Box Number is Not Acceptable) ZION HILL CHRISTIAN CT
83. 115 SW 16th St #113
84. City POMPANO
85. Zip Code FL 33060

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Keith Jenkins DATE 6-17-98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOWDY, BILLY	1.2 NAME	
STREET ADDRESS	1871 NE 1ST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WHITE, GARY L	2.2 NAME	
STREET ADDRESS	650 SW 30 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JENKINS, KEITH	3.2 NAME	JENKINS, KEITH - DIRECTOR
STREET ADDRESS	4119 N DIXIE HWY	3.3 STREET ADDRESS	115 SW 16th St #113
CITY-ST-ZIP	POMPANO BCH FL 33068	3.4 CITY-ST-ZIP	POMPANO BCH FL 33060
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith Jenkins DATE: 6-17-98 054 787-9907

CR2E037 (10/97)