

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005051

1. Entity Name
ZION CHRISTIAN FELLOWSHIP CHURCH, INC.



Principal Place of Business
5205 SOUTH BUGG RD
PLANT CITY, FL 33567 US

Mailing Address
PO BOX 3361
PLANT CITY, FL 33563



03132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3275876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYD, GEORGE
5205 SOUTH BUGG ROAD
PLANT CITY, FL 33567

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000707030
04/24/07-80060-019 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOYD, GEORGE C
5205 SOUTH BUGG ROAD
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BOYD, LAUREL D
5205 SOUTH BUGG RD
PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BUTLER, RICHARD W
2988 DORSON WAY
DELRAY BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANCASTER, FREDRICK
1107 W ALEXANDER ST
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALL, JOANNE
3510 DOVETAIL LN N
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WHITEHEAD, JANICE
4211 W LAUREL ST
TAMPA, FL 33607

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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

4/9/07 (813) 737-5083

Date

Daytime Phone #