

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90353 040 ****61.25

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																																																																																																																										
2. Principal Place of Business - No P.O. Box # 5503 CASSELS ROAD			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State PLANT CITY FL			City & State Suite, Apt. #, etc.																																																																																																																										
Zip 33567		Country US		4. FEI Number 59-3275876																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent BOYD, GEORGE 5205 SOUTH BUGG ROAD PLANT CITY, FL 33567																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																													
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 re-registering)																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>BOYD, GEORGE C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5205 SOUTH BUGG ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY, FL 33566</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>BOYD, LAUREL D</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5205 SOUTH BUGG RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY, FL 33567</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>BUTLER, RICHARD W</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2988 DORSON WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>LANCASTER, FREDRICK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1107 W ALEXANDER ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY, FL 33566</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>HALL, JOANNE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3510 DOVETAIL LN N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>WHITEHEAD, JANICE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4211 W LAUREL ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	BOYD, GEORGE C	<input type="checkbox"/>	STREET ADDRESS	5205 SOUTH BUGG ROAD		CITY-ST-ZIP	PLANT CITY, FL 33566		TITLE	NAME	Delete	NAME	BOYD, LAUREL D	<input type="checkbox"/>	STREET ADDRESS	5205 SOUTH BUGG RD		CITY-ST-ZIP	PLANT CITY, FL 33567		TITLE	NAME	Delete	NAME	BUTLER, RICHARD W	<input type="checkbox"/>	STREET ADDRESS	2988 DORSON WAY		CITY-ST-ZIP	DELRAY BEACH, FL		TITLE	NAME	Delete	NAME	LANCASTER, FREDRICK	<input type="checkbox"/>	STREET ADDRESS	1107 W ALEXANDER ST		CITY-ST-ZIP	PLANT CITY, FL 33566		TITLE	NAME	Delete	NAME	HALL, JOANNE	<input type="checkbox"/>	STREET ADDRESS	3510 DOVETAIL LN N		CITY-ST-ZIP	LAKELAND, FL 33813		TITLE	NAME	Delete	NAME	WHITEHEAD, JANICE	<input type="checkbox"/>	STREET ADDRESS	4211 W LAUREL ST		CITY-ST-ZIP	TAMPA, FL 33607		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <i>George C Boyd</i> 4/21/08 (813)737-9466																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													