


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90170 030 \*\*\*\*70.00

<b>DOCUMENT # N99000002140</b> 1. Entity Name <b>ZION FREE WILL BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>5399 CR 427 SANFORD FL 32773</b>			Mailing Address <b>5399 CR 427 SANFORD FL 32773</b>		
2. Principal Place of Business <b>5399 Ronald Reagan Blvd.</b> Suite, Apt. #, etc. <b>SANFORD</b> City & State <b>Florida</b>		3. Mailing Address <b>5399 Ronald Reagan Blvd.</b> Suite, Apt. #, etc. <b>SANFORD</b> City & State <b>Florida</b>			
Zip <b>32773</b>	Country <b>Seminole</b>	Zip <b>32773</b>	Country <b>Seminole</b>	4. FEI Number <b>59-3569866</b>	
6. Name and Address of Current Registered Agent <b>WOODS, JAMES E 5399 CR 427 SANFORD FL 32773</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SAUNDERS, DEBBIE</b> <b>901 RANGELINE RD</b> <b>LONGWOOD FL 32750</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BURNHAM, KATHY</b> <b>2739 E OAK DR</b> <b>APOPKA FL 32703</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOODS, JAMES W</b> <b>2965 WINDLE LANE</b> <b>S DAYTONA FL 32119-8534</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PACE, RICHARD</b> <b>108 KNIGHTS HOLLOW DR</b> <b>APOPKA FL 32712</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee James Burnham</b> <b>2739 E. OAK DR</b> <b>APOPKA FL 32703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FREEMAN, DONALD</b> <b>160 HIBISCUS LANE</b> <b>DELTONA FL 32738</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FREEMAN, ANDY</b> <b>901 HASL TEAD ST</b> <b>DELTONA FL 32725</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee Glen Steele</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Kathleen Burnham (KATHLEEN Burnham) 3/4/05 (407-880-4705)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

10040041



1st MOORE CR2E037 (10/04)

Applied For  
Not Applicable

**\$8.75** Additional  
Fee Required

**FL** Zip Code