

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002140 1. Entity Name ZION FREE WILL BAPTIST CHURCH, INC.	
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Principal Place of Business 5399 RONALD REGAN BLVD SANFORD SANFORD FL 32773	Mailing Address 5399 RONALD REGAN BLVD SANFORD SANFORD FL 32773
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3569866	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODS, JAMES E 5399 CR 427 SANFORD FL 32773	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SAUNDERS, DEBBIE		NAME		
STREET ADDRESS	901 RANGLINE RD		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BURNHAM, KATHY		NAME		
STREET ADDRESS	2739 E OAK DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WOODS, JAMES W		NAME		
STREET ADDRESS	2965 WINDLE LANE		STREET ADDRESS		
CITY-ST-ZIP	S DAYTONA FL 32119-8534		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FREEMAN, DONALD		NAME		
STREET ADDRESS	160 HIBISCUS LANE		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STEELE, GLEN		NAME		
STREET ADDRESS	901 HASLSTEAD ST		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32726		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.



1st MOORE CR2E037 (10/05)

Applied For
Not Applied

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

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