


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002140</b>	
<b>1. Entity Name</b> ZION FREE WILL BAPTIST CHURCH, INC.	

<b>Principal Place of Business</b> 5399 RONALD REGAN BLVD SANFORD SANFORD FL 32773	<b>Mailing Address</b> 5399 RONALD REGAN BLVD SANFORD SANFORD FL 32773
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 59-3569866	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WOODS, JAMES E 5399 CR 427 SANFORD FL 32773	
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**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** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>C</b> SAUNDERS, DEBBIE 901 RANGELINE RD LONGWOOD FL 32750 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> BURNHAM, KATHY 2739 E OAK DR APOPKA FL 32703 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> WOODS, JAMES W 2965 WINDLE LANE S DAYTONA FL 32119-8534 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> BURNHAM, JAMES 2739 E. OAK DR APOPKA FL 32703 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> FREEMAN, DONALD 160 HIBISCUS LANE DELTONA FL 32738 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> STEELE, GLEN 901 HASLSTEAD ST DELTONA FL 32725 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U000000649377 03/07/07-80047-004 61.25
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

**SIGNATURE:** Kathleen Burnham Kathleen Burnham 2/22/07 407-880-4705