2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# N99000007106

Entity Name: ZION TEMPLE OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

1215 SEMINOLA BLVD #105
CASSELBERRY, FL 32718

New Principal Place of Business:

1215 SEMINOLA BLVD #105
CASSELBERRY, FL 32707

Current Mailing Address:

1215 SEMINOLA BLVD #105
CASSELBERRY, FL 32718

New Mailing Address:

1215 SEMINOLA BLVD #105
CASSELBERRY, FL 32707

FEI Number: 59-3610253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCKINNEY, TRACEY A
1120 CASTLE WOOD TEN #300
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JARRETT, EUGENE E
Address: 2114 SHADY HILL TERRACE
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: MASSEY, ANTON M
Address: 766 LYMAN AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: JARRETT, INETTA L
Address: 2114 SHADY HILL TERRACE
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: TAYLOR, NATHANIEL
Address: 982 ROLLINGWOOD LOOP APT106
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: REID, CHARLES Z
Address: 119 DREW AVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE E JARRETT D 01/26/2004

Electronic Signature of Signing Officer or Director — Date