## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P18352

(5)

ZION'S ISRAELITES GOD'S HOLY CHURCH IN CHRIST OF THE UNITED STATES OF AMERICA INC.

FILED Jul 08 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address		1 (88)(88) (4) (188) (8) (8)	1			
2616 E. CHELSE CHURCH HOME TAMPA FL 33611		2616 E. CHELSEA ST. CHURCH HOME TAMPA FL 33610-7743		3. Date Incorporated or Qualif 03/09/1988		
US		US		4. FEI Number	Applied For	
2 Principal D	ace of Business	2a. Mailing Address		52-1369211	Not Applicab	
	No. 11, 377/	26 8724 Nashin 2	713 SAL	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financin		
22 ( h. n'h /// 27 ( h. R.C.) /// // City & State City & State			11/	Trust Fund Contribution	Added to Fees	
han			Modina	<ol><li>Is this nonprofit corporation</li></ol>		
23 //1//// Zip	A / / / / / / / / / / / Country	28   / /9/Y/177 - 3   7	Country	9. This perpending away or he	Yes No	
24 336.64		29 336-04-2201 3	a Hillshow	Personal Property Tax due	es paid the current year Intangible June 30.	
24 199 4 5 7	9. Name and Address of Current		1,77730000	10. Name and Address of New		
			81 Name	Bishop John H. PAD	GETT SP	
	r, ∌ohn H., Sr.		I OFF CHOCK			
2616 E. (	CH <b>R</b> ELSEA ST.		8	784 NORTH 27Th	STREET	
TAMPA F	L <b>83</b> 610-77 <b>4</b> 3		83			
			84 City	734400	85 Zip Code	
44 Duraliant	a the previous of Castions 617 0500	and 617 1500 Elevida Natutas	the shows named	apparation submits this statement for	FL 33604-224	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE _	Outsing John H. Pordy J. Signature, types or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.		DFFICERS AND DIRECTORS IN 12	
TITLE	FF	DELETE	1.1 TITLE	Bishor John H. PADGETT,	│ Change │ Additi	
NAME	PADGETT, JOHN H.		<b>I</b> 1	8724 NORTH 2713	STREET	
STREET ADDRESS	2616 E. CHELSEA ST.		1.3 STREET ADDRESS	TAMPA, FL. 33604	4-2281	
CITY-ST-ZIP TITLE	TAMPA FL 33610	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	TAMPA, F-L . COUC.	Change Addition	
NAME	COTTMAN, OMAR	- veece	2.2 NAME		Change house	
STREET ADDRESS	RT. 3, BOX 359M		2.3 STREET ADDRESS	NO CHANGE		
CITY-ST-ZIP	PRINCESS ANNE MD 21853		2. 4 CITY-ST-ZIP	1XO CATITACIE		
TITLE	SD	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	ŤATEM, ZEBORAH A.		3.2 NAME	NO CHANGE		
STREET ADDRESS	§13 PENN ST.		3.3 STREET ADDRESS	710 (1777142)		
CITY-ST-ZIP	SALISBURY MD 21801		3.4. CITY-ST-ZIP			
TITLE	1	☐ DELETE	4.1 TITLE	<b>.</b> .	Change Addition	
NAME	BURKES, LONNIE F.		4. 2 NAME	NO CHANGE		
STREET ADDRESS	RT. 1 BACKBONE RD. EDEN MD 21822		4.3 STREET ADORESS			
CITY-ST-ZIP TITLE	C C	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
NAME	CONWAY, JOHN C.	- vecet	5.2 NAME	NO CHAKGE	FT comile FT Heave	
STREET ADDRESS	RT. 1 BOX 158		5.3 STREET ADDRESS	IN COMPLETE		
CITY-ST-ZIP	PRINCESS ANNE MD 21853		5.4 CITY-ST-ZIP			
TITLE	\$	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	<b>SM</b> ITH, JAMES JR.		6.2 NAME	No CHANGE		
STREET ADDRESS	RT. DEAL ISLAND RD.		6.3 STREET ADDRESS	110 CIMAGE		
CITY-ST-ZIP	PRINCESS ANNE MD 21853		6.4 CITY-ST-ZIP			
14 I horoby o	artifu that the information cumplied with	this filing does not qualify for	the exemption state	d in Section 119 07(3)(i) Florida Statut	or. I further certify that the information	

4. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

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