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Feb 23, 1999 8:00 am Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P18352

1. Corporation Name

ZION'S ISRAELITES GOD'S HOLY CHURCH IN CHRIST OF

THE UNITED STATES OF AMERICA INC.				(IEALA) (LALL BALLA LIBER BALLA LIBER ALLA LIBER	
Principal Place of Business		Mailing Address		102074.900	62 · 32
CHURCH HOME C TAMPA FL 33604-201 T		8724 NORTH 27TH STREET CHURCH HOME TAMPA FL 33604-201 US			
· ·	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/09/1988	
Suite, Apt.	# etc	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	,, 515.	27		52-1369211	Not Applicable
City & Stat	e	City & State	1 2 2	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip	Country 30	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Current	<u> </u>	50	10. Name and Address of New Regis	
91 Nomo					
PADGETT, SR BISHOP HOHN 8724 NORTH 27TH STREET NO CHANGE 82 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33604-2201					
			84 City		FL 85 Zip Code
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.					
1					
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: I	Registered Agent signature requ	uired when reinstating) D/	ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	В	☐ DELETE	1.1 TITLE		
NAME	PADGETT, SR JOHN H		1.2 NAME	NO CHANGE	
STREET ADDRESS	8724 NORTH 27TH STREET		1.3 STREET ADDRESS	NO CHARGE	
CITY-ST-ZIP	TAMPA FL 33604-2201	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	CD COTTAIN ON A D	O Deterie	2.1 TITLE 2.2 NAME		
NAME	COTTMAN, OMAR		2.3 STREET ADDRESS	.\	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.4 CITY+ST-ZIP	Y	
CITY-ST-ZIP	PRINCESS ANNE MD 21853 SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TATEM, ZEBORAH A.	2,	3.2 NAME	}	
STREET ADDRESS	313 PENN ST.		3.3 STREET ADDRESS	(
CITY-ST-ZIP	SALISBURY MD 21801		3.4. CITY-ST-ZIP	\	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURKES, LONNIE F.		4, 2 NAME	1	
STREET ADDRESS			4.3 STREET ADORESS	1	
CITY-ST-ZIP	EDEN MD 21822		4.4 CITY+ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, JOHN C.		5.2 NAME	}	
STREET ADDRESS	l		5.3 STREET ADDRESS	人	

PRINCESS ANNE MD 21853 14. 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

PRINCESS ANNE MD 21853

SMITH, JAMES JR.

RT. DEAL ISLAND RD.

Change

Change

☐ Addition