

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
May 16, 2000 8:00 am
Secretary of State

04-04-2000 90055 026 ****70.00

DOCUMENT # N99000001715

1. Entity Name

ZION THUNDER MINISTRIES, INC.

Principal Place of Business Mailing Address
236 PIERCE STREET 236 PIERCE STREET
LAKE WALES FL 33853 LAKE WALES FL 33853-7936

2. Principal Place of Business 3. Mailing Address
236 Pierce Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake Wales, FL

Zip Country Zip Country
33853 USA

4. FEI Number Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BIRDGEMAN, MARSHA
236 PIERCE STREET
LAKE WALES FL 33853

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
D Vice President David Bridgeman 236 Pierce St Lake Wales, FL 33853			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
D Secretary/Treasurer Stephanie Garcia 236 Pierce St Lake Wales, FL 33853			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
D President Marsha Bridgeman 236 Pierce Street Lake Wales, FL 33853			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Delete

12. 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 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: Marsha Bridgeman Marsha Bridgeman 3/31 863/638-7436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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