

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010339

**Entity Name:** ZION HOUSE OF PRAYER, INC.**Current Principal Place of Business:**44 S LANCELOT AVE  
ORLANDO, FL 32835**Current Mailing Address:**4107 EL REY ROAD  
ORLANDO, FL 32808 US**FEI Number:** 90-0139936**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BORDE, RUSSELL  
44 S LANCELOT AVE  
ORLANDO, FL 32835 US*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**Officer/Director Detail :**

Title	P
Name	BORDE, RUSSELL
Address	1425 AZALEA WAY
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	BORDE, CLAUDIA
Address	1425 AZALEA WAY
City-State-Zip:	WINTER GARDEN FL 34787

Title	OFFICER
Name	ST LOUIS, GLADIMY
Address	2624 SILKWOOD CIRCLE 617
City-State-Zip:	ORLANDO FL 32818

Title	TREASURER
Name	ST LOUIS, FARAH
Address	2624 SILKWOOD CIRCLE 617
City-State-Zip:	ORLANDO FL 32818

Title	OFFICER
Name	MCGRUDER, JASON
Address	5020 ROSAMOND DRIVE 2613
City-State-Zip:	ORLANDO FL 32808

Title	SECRETARY
Name	MCGRUDER, JOY
Address	5020 ROSAMOND CIRCLE DRIVE 2613
City-State-Zip:	ORLANDO FL 32808

*I hereby 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 all other like empowered.*

**SIGNATURE:** RUSSELL BORDE**PASTOR****03/09/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date