

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**

**Apr 23, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # 737875**

1. Entity Name

HOLY HILL OF ZION TEMPLE, INC.



Principal Place of Business

1910 KATHLEEN ST  
TAMPA FL 33607

Mailing Address

1910 KATHLEEN ST  
TAMPA FL 33607



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1862894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, JULIA  
1910 KATHLEEN ST.  
TAMPA FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME EVANS, JULIA  
STREET ADDRESS 1910 KATHLEEN ST.  
CITY-ST-ZIP TAMPA FL

TITLE VSD ☐ Delete  
NAME GALLOWAY, WILLA J.  
STREET ADDRESS 2330 ST. LOUIS ST.  
CITY-ST-ZIP TAMPA FL

TITLE M ☐ Delete  
NAME EVANS, CHRISTOPHER  
STREET ADDRESS 3419 CARIOCA COURT  
CITY-ST-ZIP TAMPA FL

TITLE CT ☐ Delete  
NAME EVANS, IDA  
STREET ADDRESS 3419 CARIOCA CT  
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U000000917581  
05/13/08-80045-022 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Julia Evans* JULIA EVANS

*April 16, 2008*