

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737875

FILED
May 04, 2009
Secretary of State

Entity Name: HOLY HILL OF ZION TEMPLE, INC.

Current Principal Place of Business:

1910 KATHLEEN ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1910 KATHLEEN ST
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1862894 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, JULIA
1910 KATHLEEN ST.
TAMPA, FL US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, JULIA
Address: 1910 KATHLEEN ST.
City-St-Zip: TAMPA FL,

Title: VSD () Delete
Name: GALLOWAY, WILLA J.
Address: 2330 ST. LOUIS ST.
City-St-Zip: TAMPA FL,

Title: M () Delete
Name: EVANS, CHRISTOPHER
Address: 3419 CARIOCA COURT
City-St-Zip: TAMPA, FL

Title: CT () Delete
Name: EVANS, IDA
Address: 3419 CARIOCA CT
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IDA EVANS

CT

05/04/2009

Electronic Signature of Signing Officer or Director

Date