

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001590

FILED  
May 13, 2004  
Secretary of State

Entity Name: NEW ZION INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

5960 NW 6TH STREET  
OCALA, FL 34471

**New Principal Place of Business:**

5860 N.W. 6TH STREET  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 6348  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-3578327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOPE, TANGERINE  
1917 S W 3RD STREET  
OCALA, FL 34474 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: P ( ) Delete  
Name: HOPE, TANGERINE  
Address: 1917 S W 3RD STREET  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: ALEX, BETTY J  
Address: 1507 SW 4TH STREET  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: GILL, GLENN  
Address: 14421 SW 34TH TERR RD  
City-St-Zip: Ocala, FL 34473

Title: D ( ) Delete  
Name: HOPE, GREGORY  
Address: 1917 SW 3RD ST.  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: GARDNER, RHONDA  
Address: 2063 NE 58TH ST.  
City-St-Zip: Ocala, FL 34479

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TANGERINE HOPE

P

05/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date