2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90151 046 ****61.25

DOCUMENT # N00000001590

1. Entity Name
ELOHIM ZION CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
3771 S. PINE AVE. OCALA, FL 34478	3771 S. PINE AVE. OCALA, FL 34478

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5860 NW 16th Street Suite, Apt. #, etc.	P.O. Box 6348 Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34471 Country: Marion	Zip: 34478 Country: Marion

4. FEI Number: 59-3578327 ☐ 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
HOPE, TANGERINE 1917 S W 3RD STREET OCALA, FL 34474	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: Tangerine Hope Director 7-24-03
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Initial or Amended UBR

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE, TANGERINE 1917 S W 3RD STREET OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Hope, Tangerine 1917 SW 3rd Street Ocala, FL 34474	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, DR. LINDA 8098 JUNIPER RD. OCALA, FL 34480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Betty J. Alex 1507 SW 4th Street Ocala, FL 34474	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MAXINE 1111 PAMELA ST. LEESBURG, FL 34748	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Glenn Gill 14421 S.W. 34th Terr. Road Ocala, FL 34473	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE, GREGORY 1917 SW 3RD ST. OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDNER, RHONDA 2063 NE 58TH ST. OCALA, FL 34479	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2EC037 (10/02)

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: Rhonda Gardner Rhonda Gardner 7-24-03 (352) 368-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #