

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2002 8:00 am
Secretary of State

05-21-2002 91141 047 ****61.25

DOCUMENT # N00000003872

1. Entity Name

ZION LIFE MINISTRIES, INC.

Principal Place of Business

1350 VICKERS LAKE DR.
 OCOEE FL 34761

Mailing Address

1350 VICKERS LAKE DR.
 OCOEE FL 34761

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GIRLEY, JERRY
1350 VICKERS LAKE DR.
OCOEE FL 34761

7. Name and Address of New Registered Agent

Name

Jerry Girley

Street Address (P.O. Box Number is Not Acceptable)

1350 VICKERS LAKE DR

OCOEE

City

FL

Zip Code

34761

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 reinstating)

DATE

7/10/02

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **GIRLEY, JERRY**
 STREET ADDRESS **1350 VICKERS LAKE DR.**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **VD** ☐ Delete
 NAME **GIRLEY, PHYLLIS D**
 STREET ADDRESS **1350 VICKERS LAKE DR.**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **STD** ☐ Delete
 NAME **FILMORE, TONJA L**
 STREET ADDRESS **7720 CARRICK CT.**
 CITY-ST-ZIP **ORLANDO FL 34761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 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:

SIGNATURE REQUIRED

7/10/02 290-6378

CR2E037 (4/02)