

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90268 008 \*\*\*\*61.25

**DOCUMENT # N00000004936**

1. Entity Name

**ZION MESSIANIC ACADEMY INC.**

Principal Place of Business

**3926 HUNTER TERR.  
 JACKSONVILLE FL 32207-5715**

Mailing Address

**3926 HUNTER TERR.  
 JACKSONVILLE FL 32207-5715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3664605**

☒ 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

**HALL, BRENDA  
 3926 HUNTER TERR.  
 JACKSONVILLE FL 32207-5715**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	BRENDA HALL	
STREET ADDRESS	3926 HUNTER TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32207	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	KATHLEEN DALE	
STREET ADDRESS	1936 SPRINKLE DR.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARLENE AMNOTT	
STREET ADDRESS	3628 CASCADE	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brenda Hall* BRENDA HALL 8-30-01 730-0808**

CR2E037 (5/01)