## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000004936

## ZION MESSIANIC ACADEMY INC

ZION WESSIANIC ACADEMIT INC.			
Principal Place of Business	Mailing Address	_	
3926 HUNTER TERR. JACKSONVILLE FL 32207-5715	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	_	

## **FILED** Sep 09, 2002 8:00 am Secretary of State 09-09-2002 90020 041 \*\*\*\*61.25



2. Principal	Place of Busin	ness	3. Mail	ing Address	<del>"</del>								
				ov maning / named				+   +   +   +   +   +   +   +   +   +					
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE						
City & Sta	City & State City & State					4. FEI Number			59-3664605 Applied For Not Applicable				
Zip		Country	Zip	Count	ry		5. Certificate of Sta	atus Desired		8.75 Ad	Iditional		
6. Name and Address of Current Registered Agent								7. Name and Add	ress of New Rec			-	ᅱ
	احداثت كماكم			معودي والمستعبدة	z	Name	ne						
						Street Address (P.O. Box Number is Not Acceptable)							
HALL, BRENDA 3926 HUNTER TERR.					Sileei Aui	uress (F	s (1. O. Box Number is Not Acceptable)						
										•		·	٦
JACKSONVILLE FL 32207-5715					-	City FL Zip						Code	
8. The above	named entity	y submits this statement	for the purpo	ose of changing its	registered	office or r	enietore	ad agent or both in t	the State of Floris				4
the obligat	tions of regist	ered agent.	ino parpe	700 or brianging its	registered	Onice Or 1	egistere	ad agent, or both, in t	ine State of Floric	ıa. ıam ra	miliar with,	, and accept	٠
													l
SIGNATURE		W											
	Signature, typed	or printed name of registered age	ent and title if appli	icable. (NOTE	: Registered A	gent signature	e required v	when reinstating)		DATE			
										<u>.</u>			$\dashv$
		ember 13, 2002,	•	9. Election Cam			_ ;	\$5.00 May Be	Make	Check	Payable	to	1
	min. wil	l be \$236.25.		Trust Fund C	ontribution	. L	, ل	Added to Fees			of State		1
10. OFFICERS AND DIRECTORS 11.												·	
TITLE	PD	OFFICERS AND L	JINEC TONS		11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					١,
NAME	HALL, BRI	ENDA		☐ Delete	TITLE	ł				l	☐ Change	☐ Addition	
STREET ADDRESS		ITER TERRACE		STREET A	IDDBESS							H	
CITY-ST-ZIP		VILLE FL 32207				- ZIP							
TITLE	VD			☐ Delete	(TITLE		D		<u> </u>		T 01		$\dashv i$
NAME	DALE, KA	THLEEN		□ Delete	NAME	′   ¹				į	Change	☐ Addition	۱ (
STREET ADDRESS	1936 SPR				STREET A	DDRESS							
CITY-ST-ZIP	JACKSON	VILLE FL 32217			CITY-ST-	ZIP							
TITLE -	D~			Delete ——	-TITLE-	V					T Change	- <del>Z</del> Addition	$\dashv$
NAME	AMNOTT,			/	NAME		ANA	4 V. HALI 6 HUNTER	L		onange	+ 121 Addition	
STREET ADDRESS	3628 CAS				STREET A	DORESS	390	6 HUNTER	- Terrai	e			
CITY-ST-ZIP	JACKSON	VILLE FL 32207			CITY-ST-	ZIP	Jac	<u>kson vill</u>	e, FL.3	3220	ブ		
TITLE				☐ Delete	TITLE			-	<del></del>		Change	☐ Addition	1
NAME					NAME							_	
STREET ADDRESS					STREET A	- 1							
C/TY-ST-ZIP		<del></del>			CITY-ST-	ZIP							
TITLE				☐ Delete	TITLE						Change	Addition	7
NAME STREET ADDRESS					NAME								
CITY-ST-ZIP					STREET A								
					CITY-ST-	ZIP							1
TITLE NAME				☐ Delete	TITLE	ĺ				Ē	☐ Change	■ Addition	
STREET ADDRESS					NAME STREET AL	ODESCO							
CITY-ST-ZIP					STREET AL								

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:

enda Hall 9-5-02 904-130-0808 SIGNATURE REQUIRE