

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001915

FILED
Aug 07, 2004
Secretary of State

Entity Name: ZION'S HOPE INTERNATIONAL FULL GOSPEL MINISTRIES OF ALL NATIONS TRUST AND
CHRISTIAN LADIES CLUB, INC.

Current Principal Place of Business:

1405 E ELM STREET
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1405 E ELM STREET
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3717939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, JULIA A
1405 E ELM STREET
TAMPA, FL 33604 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: PCEO () Delete
Name: WIGGINS, JULIA A
Address: 1405 EAST ELM ST
City-St-Zip: TAMPA, FL 33604

Title: VP () Delete
Name: HILL, ABRAHAM J
Address: 1405 EAST ELM ST
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: DICKENS, CHRYSANTHEUM C
Address: 14254 10TH AVE EAST
City-St-Zip: TAMPA, FL 33605

Title: T () Delete
Name: WILLIAMS, ANNITA
Address: 4695 15TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T () Delete
Name: SPARDLEY, JO ANNE
Address: 4815 BASSWOOD LANE
City-St-Zip: ORLANDO, FL 32805

Title: TCOD () Delete
Name: POWELL, ROBERT
Address: 7214 51ST AVE S
City-St-Zip: TAMPA, FL 33619

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
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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: JULIA A. WIGGINS

MS.

08/07/2004

Electronic Signature of Signing Officer or Director

Date