## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006483

**Entity Name: GLORY OF ZION INCORPORATED** 

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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2214 HIALEAH ST NE PALM BAY, FL 32907

**Current Mailing Address: New Mailing Address:** 

2214 HIALEAH ST NE PALM BAY, FL 32907

FEI Number: 59-3743717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHULTZ, DIANE 2214 HIALÉAH ST NE PALM BAY, FL 32907 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD () Delete SCHULTZ, DIANE N SCHULTZ, DIANE N Name: Name: Address: 2214 HIALEAH ST NE Address: 2214 HIALEAH ST NE City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907

Title: Title: (X) Change ( ) Addition () Delete

Name: LABOY, TONY Name: LABOY, TONY Address: 2115 MONTGOMERY RD Address: 230 LANACK RD. SE City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: PALM BAY, FL 32909

Title: () Delete Title: (X) Change ( ) Addition RAMOS, SR., WILFREDO ROTHSCHILD, DELORES Name: Name: 1664 SUNNY BROOK LANE NE Address: 945 BELL AVE Address:

City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DIANE N. SCHULTZ **PRES** 05/01/2006