

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001663

FILED
May 18, 2005
Secretary of State

Entity Name: ZION ADVENT MISSION, INC.

Current Principal Place of Business:

2161 SW 152ND TERR
HOLLYWOOD, FL 33027

New Principal Place of Business:

Current Mailing Address:

2161 SW 152ND TERR
HOLLYWOOD, FL 33027

New Mailing Address:

FEI Number: 04-3614589 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:

WEST, DAVE
2161 SW 152ND TERR
HOLLYWOOD, FL 33027 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, OWEN
Address: 3524 NW 23RD ST
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: DT () Delete
Name: BELL, JANET
Address: 7716 SW 8TH CT
City-St-Zip: N LAUDERDALE, FL 33068

Title: VD () Delete
Name: WEST, DAVE
Address: 2161 SW 152ND TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: WATSON, GRACE J
Address: 6322 SOUTHGATE BLVD
City-St-Zip: MARGATE, FL 33068

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
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: JANET BELL

DT

05/18/2005

Electronic Signature of Signing Officer or Director

Date