

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90067 028 \*\*\*\*61.25

**DOCUMENT # N02000001663**

1. Entity Name

**ZION ADVENT MISSION, INC.**



Principal Place of Business

**9120 NORTH LAKE CIRCLE  
MIRAMAR FL 33025**

Mailing Address

**9120 NORTH LAKE CIRCLE  
MIRAMAR FL 33025**

2. Principal Place of Business

**2161 SW 152<sup>nd</sup> Terrace**

3. Mailing Address

**2161 SW 152<sup>nd</sup> Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miramar, FL**

City & State

**Miramar, FL**

4. FEI Number

**04-3614589**

Applied For

Not Applicable

Zip

**33025**

Country

**USA**

Zip

**33025**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATTOCKS, DESMOND  
9120 NORTH LAKE CIRCLE  
MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

Name

**Dave West**

Street Address (P.O. Box Number is Not Acceptable)

**2161 SW 152<sup>nd</sup> Terrace**

City

**Miramar**

FL

Zip Code

**33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Dave West**

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

(NOTE: Registered Agent signature required when reinstating)

**8-11-03**

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ROBERTS, OWEN**  
STREET ADDRESS **3524 NW 23RD STREET**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **V** ☒ Delete  
NAME **MATTOCKS, DESMOND**  
STREET ADDRESS **9120 NORTH LAKE CIRCLE**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☐ Delete  
NAME **BELL, JANET**  
STREET ADDRESS **7716 SW 8TH COURT**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **D** ☐ Delete  
NAME **WEST, DAVE**  
STREET ADDRESS **2161 SW 152ND TERRACE**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☐ Delete  
NAME **WATSON, GRACE J**  
STREET ADDRESS **6322 SOUTHGATE BLVD**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☒ Change ☐ Addition  
NAME **Dave West**  
STREET ADDRESS **2161 SW 152nd Terrace**  
CITY-ST-ZIP **Miramar, FL 33025**

TITLE **D/T** ☒ Change ☐ Addition  
NAME **Janet Bell**  
STREET ADDRESS **7716 SW 8th Court**  
CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Janet Bell** **8/11/03** **(954) 493-6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)