## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008572

FILED Apr 11, 2005 Secretary of State

Entity Name: MOUNT ZION INTERNATIONAL MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 6649 MISSION CLUB BLVD APT 101 6649 MISSION CLUB BLVD ORLANDO, FL 32821 **APT 101** ORLANDO, FL 32821 **Current Mailing Address: New Mailing Address:** 6649 MISSION CLUB BLVD APT 101 6649 MISSION CLUB BLVD ORLANDO, FL 32821 **APT 101** ORLANDO, FL 32821 FEI Number: 11-3662222 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVEIRA, EDUARDO H OLIVEIRA, EDUARDO H 6649 MISSION CLUB BLVD APT 101 6649 MISSION CLUB BLVD ORLANDO, FL 32821 APT 101 ORLANDO, FL 32821 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: 04/11/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OLIVEIRA, EDUARDO H Name: Name: 6649 MISSION CLUB BLVD APT 101 Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: DVS () Delete Title: () Change () Addition Name: OLIVEIRA, VALERIA M Name: Address: 6649 MISSION CLUB BLVD APT 101 Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GOMES, ALEX E Name: GOMES, ALEX E Name: 6649 MISSION CLUB BLVD APT 101 6663 MISSION CLUB BLVD APT 112 Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821

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: EDUARDO H. OLIVEIRA DPT 04/11/2005