2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008572

FILED Jun 15, 2009 Secretary of State

Entity Name: MOUNT ZION INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

New Principal Place of Business:

9521 S. ORANGE BLOSSOM TRAIL

11414 S. APOPKA VINELAND RD

SUITE 109 ORLANDO, FL 32837 ORLANDO, FL 32836

Current Mailing Address:

New Mailing Address:

9521 S. ORANGE BLOSSOM TRAIL SUITE 109

6715 MISSION CLUB BLVD **APT 101**

ORLANDO, FL 32837

ORLANDO, FL 32821

FEI Number: 11-3662222

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

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 6649 MISSION CLUB BLVD **APT 101** ORLANDO, FL 32821 US

OLIVEIRA, EDUARDO H 6715 MISSION CLUB BLVD

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: EDUARDO HENRIQUE DE OLIVEIRA

06/15/2009

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPT () Delete

(X) Change () Addition OLIVEIRA, EDUARDO H

OLIVEIRA, EDUARDO H Name: 6649 MISSION CLUB BLVD APT 101 Address:

6715 MISSION CLUB BLVD APT 101

City-St-Zip: ORLANDO, FL 32821

ORLANDO, FL 32821 City-St-Zip:

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

Name: OLIVEIRA, VALERIA M

Name: OLIVEIRA, VALERIA M Address: 6715 MISSION CLUB BLVD APT 101

Address: 6649 MISSION CLUB BLVD APT 101 City-St-Zip: ORLANDO, FL 32821

City-St-Zip: ORLANDO, FL 32821

Title: () Delete Title:

() Change () Addition

GOMES, ALEX E Name: 142 N. MCKINLEY Address: City-St-Zip: ORLANDO, FL 32811 Name: Address: City-St-Zip:

Name:

Address:

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO HENRIQUE DE OLIVEIRA

DPT

06/15/2009