

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90133 046 ****70.00

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03092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000002542					
1. Entity Name DAUGHTER OF ZION, INC.					
Principal Place of Business 5900 TOWNSEND RD. APT 1021 JACKSONVILLE, FL 32244			Mailing Address P.O. BOX 12442 JACKSONVILLE, FL 32209		
2. Principal Place of Business		3. Mailing Address P.O. Box 441233			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Jacksonville, FL		4. FEI Number 20-0506530	
Zip		32222-4233		Country U.S.A.	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JACKSON, FANNIE L 5900 TOWNSEND RD. APT 1021 JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name: Jackson, Fannie L. Street Address (P.O. Box Number is Not Acceptable): 5707 Guana Park Circle City: Jacksonville FL Zip Code: 32244		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P NAME JACKSON, FANNIE L. STREET ADDRESS 5900 TOWNSEND RD. CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete				
TITLE VP NAME CLARK, BERNITHA A STREET ADDRESS 2522 CUTLASS DR CITY-ST-ZIP ORANGE PARK, FL 29065	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P NAME Jackson, Fannie L. STREET ADDRESS 5707 Guana Park Circle CITY-ST-ZIP Jacksonville, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VP + Treasurer NAME Clark, Bernitha A. STREET ADDRESS 1285 Cutlass Rd CITY-ST-ZIP Orange Park, FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE Secretary NAME Annie D. Lesesne STREET ADDRESS 2615 FIVE FORKS CITY-ST-ZIP Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Fannie L. Jackson</u> 3/23/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					