

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001650

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** THE GATES OF ZION INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

2802 EAST STATE ROAD 60  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1467  
VALRICO, FL 33595

**New Mailing Address:**

**FEI Number:** 20-4318379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENTIN, RICHARD  
305 TAXTER RUN LANE  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

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  
Name: VALENTIN, RICHARD  
Address: 305 TAXTER RUN LANE  
City-St-Zip: VALRICO, FL 33594

Title: SD  
Name: AGUILA, AIDA  
Address: PO BOX 1467  
City-St-Zip: VALRICO, FL 33595

Title: TD  
Name: LESPIER, JOSEPH  
Address: PO BOX 1467  
City-St-Zip: VALRICO, FL 33595

Title: D  
Name: BERMUDEZ, ABRAHAM  
Address: PO BOX 1467  
City-St-Zip: VALRICO, FL 33595

Title: D  
Name: BERMUDEZ, AIDA  
Address: PO BOX 1467  
City-St-Zip: VALRICO, FL 33595

Title: D  
Name: VALENTIN, ADORACION  
Address: 305 TAXTER RUN LANE  
City-St-Zip: VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: ADORACION VALENTIN

D

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date