2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# N06000001962

Entity Name: NEW ZION FAMILY AND YOUTH INITIATIVES, INC.

Current Principal Place of Business:

1182 BROWNELL STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1182 BROWNELL STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-5578859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, LEROY REV.
1317 WOODBINE STREET
CLEARWATER, FL 33755 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: D ( ) Delete
Name: HOWARD, LEROY CEO
Address: 1317 WOODBINE ST
City-St-Zip: CLEARWATER, FL 33755

Title: PD ( ) Delete
Name: ROBINSON, TALISHA
Address: 2567 OAK TRAIL N #118
City-St-Zip: PALM HARBOR, FL

Title: VPD ( ) Delete
Name: RILEY, CHELSEA
Address: 4030 EMMERSON AVE S
City-St-Zip: ST PETERSBURG, FL

Title: STD ( ) Delete
Name: BUTLER, VELMA
Address: 14605 CORAL BERRY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: COLE, RHONDA
Address: 1222 NICHOLSON STREET
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RHONDA COLE D 05/21/2007

Electronic Signature of Signing Officer or Director — Date