

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90021 020 ****75.00

DOCUMENT # N06000002220

1. Entity Name
EMPRESS OF ZION, INC.



Principal Place of Business
**2607 E PALIFOX ST
TAMPA, FL 33610**

Mailing Address
**2607 E PALIFOX ST
TAMPA, FL 33610**



2. Principal Place of Business - No P.O. Box #
2607 E. PALIFOX ST.
Suite, Apt. #, etc.

3. Mailing Address
2607 E. PALIFOX ST.
Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State
TAMPA, FL
Zip
33610
Country
USA

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TAMPA, FL
Zip
33610
Country
USA

4. FEI Number
20-4422435
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARRIDICE, BEVERLY
2607 E PALIFOX ST
TAMPA, FL 33610**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STEWART, MARCIA
5169 GREAT MEADOWS RD
LITHONIA, GA 30058** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
OATES, FIYAH
70 CHATSWORTH PLACE - APT LEFT
NEW ROCHELLE, NY 10801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARRIDICE, BEVERLY
2607 E PALIFOX ST
TAMPA, FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *Beverly Carridice*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07
Date

813 842 5609
Daytime Phone #