

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002220

FILED
Aug 10, 2009
Secretary of State

Entity Name: EMPRESS OF ZION, INC.

Current Principal Place of Business:

2607 E. PALIFOX ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

2607 E. PALIFOX ST
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-4422435 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:

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

Name and Address of New Registered Agent:

CARRIDICE, BEVERLEY A T
2607 E PALIFOX ST
TAMPA, FL 33610 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: BEVERLEY A. CARRIDICE

08/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEWART, MARCIA
Address: 5169 GREAT MEADOWS RD
City-St-Zip: LITHONIA, GA 30058

Title: S () Delete
Name: OATES, FIYAH
Address: 5169 GREATMEADOWS ROAD
City-St-Zip: LITHONIA, GA 30058

Title: T () Delete
Name: CARRIDICE, BEVERLY
Address: 2607 E PALIFOX ST
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: CARRIDICE, BEVERLY A
Address: 2607 E PALIFOX ST
City-St-Zip: TAMPA, FL 33610

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: BEVERLEY CARRIDICE

T

08/10/2009

Electronic Signature of Signing Officer or Director

Date