

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002251

FILED
Jun 27, 2008
Secretary of State

Entity Name: ZION WORLD WIDE MISSION INC.

Current Principal Place of Business:

2806 LONG LEAF PINE STREET
CLERMONT, FL 34714

New Principal Place of Business:

836 W. MONTROSE ST.
10
CLERMONT, FL 34711

Current Mailing Address:

2806 LONG LEAF PINE STREET
CLERMONT, FL 34714

New Mailing Address:

P.O.BOX 136797
CLERMONT, FL 34713

FEI Number: 20-4414098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MERALUS, DELINX
2806 LONG LEAF PINE STREET
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

MERALUS, DELINX
836 W. MONTROSE ST
#10
CLERMONT, FL 34711 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: DELINX MERALUS

06/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MERALUS, DELINX
Address: 2806 LONG LEAF PINE STREET
City-St-Zip: CLERMONT, FL 34714

Title: SECR () Delete
Name: MERALUS, JOHANNE
Address: 2806 LONG LEAF PINE STREET
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MERALUS, DELINX
Address: 836 W. MONTROSE ST, SUITE # 10
City-St-Zip: CLERMONT, FL 34713

Title: SECR (X) Change () Addition
Name: MERALUS, JOHANNE
Address: 836 W. MONTROSE ST, SUITE # 10
City-St-Zip: CLERMONT, FL 34713

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: DELINX MERALUS

PRES

06/27/2008

Electronic Signature of Signing Officer or Director

Date