

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002251

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: ZION WORLD WIDE MISSION INC.

## Current Principal Place of Business:

836 W. MONTROSE ST.  
# 10  
CLERMONT, FL 34711

## New Principal Place of Business:

5761 SOUTH ORANGE BLOSSOM TRAIL  
SUITE # 2  
ORLANDO, FL 32839

## Current Mailing Address:

P.O.BOX 136797  
CLERMONT, FL 34713

## New Mailing Address:

FEI Number: 20-4414098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MERALUS, DELINX  
5761 SOUTH ORANGE BLOSSOM TRAIL  
SUITE-2  
ORLANDO, FL 32839 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

03/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MERALUS, DELINX  
Address: P.O.BOX 136797  
City-St-Zip: CLERMONT, FL 34713

Title: SECR (X) Change ( ) Addition  
Name: MERALUS, JOHANNE  
Address: P.O.BOX 136797  
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

03/03/2009

Electronic Signature of Signing Officer or Director

Date