


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90230 046 \*\*\*\*61.25

<b>DOCUMENT # N06000003436</b>	
1. Entity Name ZION GATES OF HOPE, INC.	

Principal Place of Business 9726 HICKORY HOLLOW ROAD LEESBURG, FL 34788	Mailing Address 9726 HICKORY HOLLOW ROAD LEESBURG, FL 34788
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2. Principal Place of Business - No P.O. Box # <i>2104 Waitman Ave</i>	3. Mailing Address <i>2104 Waitman Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State <i>Leesburg FL</i>	City & State <i>Leesburg FL</i>	4. FEI Number <i>34-2060706</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34748</i>	Country <i>USA</i>	Zip <i>34748</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent HINES, CHARLOTTE 9726 HICKORY HOLLOW ROAD LEESBURG, FL 34788		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HINES, CHARLOTTE 9726 HICKORY HOLLOW ROAD LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENE, CHARLIE M 34234 RADIO ROAD LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SISTRUNK, JANICE 9825 COUNTY ROAD 44 LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charlotte Hines Charlotte Hines* *04-24-07 (352)365-1422*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #