


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N06000003436 1. Entity Name ZION GATES OF HOPE, INC.	
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Principal Place of Business 2104 WAITMAN AVE LEESBURG, FL 34788	Mailing Address 2104 WAITMAN AVE LEESBURG, FL 34788
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04102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-2060706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HINES, CHARLOTTE 9726 HICKORY HOLLOW ROAD LEESBURG, FL 34788	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>Charlotte Hines, Charlotte Hines</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>4/11/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000907762 05/06/08-80001-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HINES, CHARLOTTE 9726 HICKORY HOLLOW ROAD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENE, CHARLIE M 34234 RADIO ROAD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SISTRUNK, JANICE 9825 COUNTY ROAD 44 LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: <i>Charlotte Hines, Charlotte Hines</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>4/11/08</i>	Daytime Phone # <i>(352) 874-6972</i>
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