

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N06000003436

Entity Name: ZION GATES OF HOPE, INC.

**Current Principal Place of Business:**

2104 WAITMAN AVE  
LEESBURG, FL 34788

**New Principal Place of Business:**

2104 WAITMAN AVE  
LEESBURG, FL 34748

**Current Mailing Address:**

2104 WAITMAN AVE  
LEESBURG, FL 34788

**New Mailing Address:**

2104 WAITMAN AVE  
LEESBURG, FL 34748

FEI Number: 34-2060706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, CHARLOTTE  
9726 HICKORY HOLLOW ROAD  
LEESBURG, FL 34788 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: HINES, CHARLOTTE  
Address: 9726 HICKORY HOLLOW ROAD  
City-St-Zip: LEESBURG, FL 34788

Title: V ( ) Delete  
Name: GREENE, CHARLIE M  
Address: 34234 RADIO ROAD  
City-St-Zip: LEESBURG, FL 34788

Title: S ( ) Delete  
Name: SISTRUNK, JANICE  
Address: 9825 COUNTY ROAD 44  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: CHARLOTTE HINES

PT

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date