2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005797

4256 LASALLE AVE

City-St-Zip: ST. CLOUD, FL 34772

Address:

FILED Apr 09, 2007 Secretary of State

Entity Nam	ne: ZION'S HI	LL ACADEMY, INC.			•	
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1009 ALAB ST. CLOUE	AMA AVE.), FL 34769	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1009 ALABAMA AVE. ST. CLOUD, FL 34769		US				
FEI Number: 20-4956133		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:		
	AMA AVE.), FL 34769	US				
in the State		submits this statement for the pu	rpose or changing i	is registere	ed office or registered agent, or both,	
SIGNATUR						
	Electron	ic Signature of Registered Agen	t		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () HODIL, KELLY S 1009 ALABAMA ST. CLOUD, FL	AVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DENNING, MICH	VILLAGE CT. APT. 103	Title: Name: Address: City-St-Zip:	212 15TH \$	(X) Change () Addition N, KAREN A STREET), FL 34769	
Title:	SEC ()	Delete	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: KELLY HODIL PRES 04/09/2007