

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001443

FILED
Apr 28, 2009
Secretary of State

Entity Name: ZION ROAD HEALING ROOMS, INC.

Current Principal Place of Business:

3846 ZION ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3846 ZION ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-8469279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERS, SONIA
13050 HIGHLAND GLEN WAY S
JACKSONVILLE, FL 32224 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: T () Delete
Name: FLOWERS, SONIA
Address: 13050 HIGHLANDS GLEN WAY S
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SONIA FLOWERS

DIR

04/28/2009

Electronic Signature of Signing Officer or Director

Date