## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011791

FILED Jul 20, 2009 Secretary of State

Entity Name: WOMEN OF ZION INTERNATIONAL MINISTRIES INC.

**Current Principal Place of Business: New Principal Place of Business:** 

223 FOXTAIL DR UNIT D

WEST PALM BCH, FL 33415

**New Mailing Address: Current Mailing Address:** 

PO BOX 542512 223 FOXTAIL DR

UNIT D WEST PALM BCH, FL 33454 US

WEST PALM BCH, FL 33415

FEI Number: 26-3610775 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WALDEN, TANGELA D 223 FOXTAIL DRIVE UNIT D

WEST PALM BCH, FL FL US

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:

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** () Delete

WALDEN, TANGELA D Name: 223 FOXTAIL DR UNIT D Address:

City-St-Zip: WEST PALM BCH, FL 33415 US

Title: () Delete WITHERSPOON, ROSA J Name: Address: 6301 SW 34 COURT City-St-Zip: MIRAMAR, FL 33023 US

Title: () Delete WALDEN, ALEXANDER L SR Name: 6301 SW 34 COURT Address:

City-St-Zip: MIRAMAR, FL 33415 US

Title: SD (X) Delete Name: PIGOTT, GARY G JR

Address: 3225 SW 52ND AVE City-St-Zip: PEMBROKE PARK, FL 33023 US (X) Change ( ) Addition

WALDEN, TANGELA D Name:

Address: PO BOX 542512

City-St-Zip: WEST PALM BEACH, FL 33454 US

Title: (X) Change ( ) Addition

Name: PHAEDRA, CAMPBELL Address: PO BOX 542512

City-St-Zip: WEST PALM BEACH, FL 33454

Title: SD (X) Change ( ) Addition

RICHIE, LESLIE Name: Address: PO BOX 542512

City-St-Zip: WEST PALM BEACH, FL 33454 US

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: TANGELA D. WALDEN RΑ 07/20/2009