

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004338

FILED  
Jun 12, 2012  
Secretary of State

**Entity Name:** DAUGHTERS OF ZELOPHEHAD INC.

**Current Principal Place of Business:**

2909 N NEBRASKA AVE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1066  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 45-2120619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEW-ZAKAY, LILLIAN V  
2909 N NEBRASKA AVE  
TAMPA, FL 33602 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: D  
Name: JOHNSON, GEWANDA REV  
Address: 1502 BUCKEYE RD NE #5  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D  
Name: RIVERS, PAULINE REV DR  
Address: 3302 KILMER DR  
City-St-Zip: PLANT CITY, FL 33566

Title: D  
Name: WATKINS, AYAKAO PASTOR  
Address: 6604 HARNEY ROAD, SUITE A  
City-St-Zip: TAMPA, FL 33610

Title: D  
Name: MATTHEW-ZAKAY, LILLIAN REV  
Address: 9818 MORRIS GLEN WAY  
City-St-Zip: TEMPLE TERRACE, FL 33637

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN V MATTHEW-ZAKAY

D

06/12/2012

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

\_\_\_\_\_  
Date