FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32823 (9)

1. Corporation Name
ZION'S HOPE INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7676 MUNICIPAL DRIVE P.O. BOX 690909 ORLANDO FL 32819 US	P.O. BOX 690909 P.O. BOX 690909 ORLANDO FL 32869 US

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2976410 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CHARLES MORGAN, ESQ.
1300 N.W. 167TH STREET
MIAMI 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSENTHAL, MARVIN	1.2 NAME		
STREET ADDRESS	7676 MUNICIPAL DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VSD c s d	2.1 TITLE	CSD	☒ Change ☐ Addition
NAME	VAN KAMPEN, ROBERT D.	2.2 NAME	Van Kampen, Robert D.	
STREET ADDRESS	27W430 NORTH AVE.	2.3 STREET ADDRESS	Suite 180, 926 Robbins Road	
CITY-ST-ZIP	WEST CHICAGO IL	2.4 CITY-ST-ZIP	Grand Haven, MI 49417-2645	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	KARSTEN, GLENN D.	3.2 NAME	Karsten, Glenn D.	
STREET ADDRESS	27W430 NORTH AVE.	3.3 STREET ADDRESS	Suite 180, 926 Robbins Road	
CITY-ST-ZIP	WEST CHICAGO IL	3.4 CITY-ST-ZIP	Grand Haven, MI 49417-2645	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, KEVIN L.	4.2 NAME		
STREET ADDRESS	7676 MUNICIPAL DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	TEASDALE, PAUL	5.2 NAME		
STREET ADDRESS	MISSION ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROBBINSVILLE NC	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TEASDALE, JAMES	6.2 NAME		
STREET ADDRESS	MISSION ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	ROBBINSVILLE NC	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin L. Howard Kevin L. Howard 4/26/95 (407)352-6292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039071