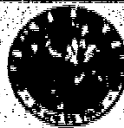


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
&
FILED**

DOCUMENT # N32823

(9)

1. Corporation Name

ZION'S HOPE INC.

95 MAY -1 AM 11:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1989

3a. Date of Last Report

05/01/1994

4. FBI 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 too if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENTHAL, MARVIN
STREET ADDRESS	7676 MUNICIPAL DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	VSD
NAME	VAN KAMPEN, ROBERT D.
STREET ADDRESS	27W430 NORTH AVE.
CITY - ST - ZIP	WEST CHICAGO IL
TITLE	TD
NAME	KARSTEN, GLENN D.
STREET ADDRESS	27W430 NORTH AVE.
CITY - ST - ZIP	WEST CHICAGO IL
TITLE	V
NAME	HOWARD, KEVIN L.
STREET ADDRESS	7676 MUNICIPAL DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	TEASDALE, PAUL
STREET ADDRESS	MISSION ROAD
CITY - ST - ZIP	ROBBINSVILLE NC
TITLE	D
NAME	TEASDALE, JAMES
STREET ADDRESS	MISSION ROAD
CITY - ST - ZIP	ROBBINSVILLE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	CSD
2.3 STREET ADDRESS	Van Kampen, Robert D.
2.4 CITY - ST - ZIP	Suite 180, 926 Robbins Road Grand Haven, MI 49417-2645
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Karsten, Glenn D.
3.4 CITY - ST - ZIP	Suite 180, 926 Robbins Road Grand Haven, MI 49417-2645
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 017, 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

Telephone/Fax No.