SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jul 16 1998 8:00am 8 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # N32823 (9) ZION'S HOPE INC. Principal Place of Business Mailing Address 3. Date Incorporated or Qualified P.O. BOX 690909 7676 MUNICIPAL DRIVE P.O. BOX 690909 P.O. BOX 690909 06/15/1989 ORLANDO FL 32819 ORLANDO FL 32869 4. FEI Number Applied For 59-2976410 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 4655 Vineland Road 26 P. O. Box 690909 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? City & State City & State 28 Orlando, 23 Orlando, Country Country Zip This corporation owes or has paid the current year intangible Personal Property Tax due June 30. **X** No 32869 US 32819 25 US 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHARLES MORGAN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1300 N.W. 167TH STREET **B3** MIAMI 33169 84 City 85 Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (2/38)12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE XX Change Addition ROSENTHAL, MARVIN 1.2 NAME NAME 7678 MUNICIPAL DRIVE 4655 Vineland Road STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE CSI DELETE 2.1 TITLE Change Addition van Kampen, Robert D. 2.2 NAME NAME SUITE 180 926 ROBBINS ROAD STREET ADDRESS 2.3 STREET ADDRESS gránd haven mi 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME Ka**rs**ten, Glenn D 3.2 NAME STREET ADORESS SUITE 180 926 ROBBINS ROAD 3.3 STREET ADDRESS GRÁND HAVEN MI 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE XX DELETE Change Addition 4.2 NAME NAME HOWARD, KEVIN L. 7678 MUNICIPAL DRIVE 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE **6.1 TITLE** DELETE Change Addition TEASDALE, PAUL 5.2 NAME NAME MISSION ROAD STREET ADDRESS **5.3 STREET ADDRESS** ROBBINSVILLE NO 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition TEASDALE, JAMES NAME 6.2 NAME STREET ADDRESS MISSION ROAD 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filing 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 attactiment with an address.

menther Marvin J. Rosenthal 7/6/98 (407)872-2272

Additional Officers:

D Pierre, Scott
13187 Lakeshore Avenue
Grand Haven, MI 49417

D Bishop, Donald C. 15916 LaLindura Drive Whittier, CA 90603