

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90034 048 ****70.00

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1. Entity Name

ZION MISSION, INC.



Principal Place of Business

3400 NE 1TH AVE.
POMPANO BEACH FL 33064

Mailing Address

3400 NE 1TH AVE.
POMPANO BEACH FL 33064



2. Principal Place of Business

ZION MISSION

3. Mailing Address

3400 NE 1st Ave

Suite, Apt. #, etc.

3400 NE 1st Ave

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FLORIDA

Zip

33064

Country

FLORIDA

Zip

33064

Country

FLORIDA

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT, MARTHA
3400 NE 1st Ave #1008E
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature) (President)

3/15/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME ADILSON, ROBERT P
STREET ADDRESS 332 NW 46TH ST -> 3400 NE 1st Ave #1008E
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE TD ☐ Delete
NAME JUSSARA, ROBERT R
STREET ADDRESS 332 N.W. 46TH ST -> 3400 NE 1st Ave #1008E
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE SD ☐ Delete
NAME ROBERT, CAROLINA R
STREET ADDRESS 332 N.W. 46TH ST -> 3400 NE 1st Ave #1008E
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE P ☐ Delete
NAME ROBERT, MARTHA
STREET ADDRESS 3400 NE 1TH AVE., #B
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)

MARCH 15, 2006