


FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morther</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003419 (5)**

1. Corporation Name

**DAUGHTERS OF ZION, INC.**



Principal Place of Business	Mailing Address
500 9TH AVE SOUTH #A-2 SAFETY HARBOR FL 34695	P O BOX 942 SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified	06/12/1997
4. FEI Number	59-3418838
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

2. Principal Place of Business	2a. Mailing Address
21 500 9th Ave. S. A-2	26 P.O. Box 942
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Safety Harbor, FL.	27 Safety Harbor, FL.
City & State	City & State
23 34695	28 34695
Zip	Zip
Country	Country
25 Pinellas	30 Pinellas

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
LONG, NADINE A REV 500 9TH AVE SOUTH #A-2 SAFETY HARBOR FL 34695	<table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL 85 Zip Code</td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL 85 Zip Code
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, NADINE A	1.2 NAME	
STREET ADDRESS	500 9TH AVE SOUTH #A-2	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	
TITLE	V Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGER, DEBORAH	2.2 NAME	
STREET ADDRESS	3800 56TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33714	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director Marilyn Matheney
STREET ADDRESS		3.3 STREET ADDRESS	7002 Larimer Ct.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment with an address.

SIGNATURE: Nadine A. Long / Rev. Nadine A. Long 2/28/98 / (813) 724-1110  
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone # 0070063

CR2E037 (10/97)