1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800000441

WOMEN OF ZION INTERNATIONAL, INC.

Princ	ipal F	Place of	Busines
3501	RIVE	RGROVE	DRIVE
TARRE	DA E1	20040	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

27

28

Suite, Apt. #, etc.

City & State
TAMPA,

P.O. BOX 291321

FLORIDA

## FILED May 06, 1999 8:00 am § Secretary of State

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Date Incorporated or Qualifed

01/22/1998

59-3489382

5. Certificate of Status Desired

4. FEI Number

9. Name and Address of Current Registered Agent  81 Name  GARBETT, JAMES S ESQ  4209 EAST BUSCH BOULEVARD  TAMPA FL 33617  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code	23		28	J. WINCE M		O 10 II II		- •							Fe	e Req	uirea
9. Name and Address of Current Registered Agent  18. Name  GARBETT, JAMES S ESQ 4209 EAST BUSCH BOULEVARD TAMPA FL 33617  18. Street Address (P.O. Box Number is Not Acceptable)  18. Name 19. N	Zip	Country	z	•		_							•	П			,
GARBETT, JAMES S ESQ 4209 EAST BUSCH BOULEVARD TAMPA FL 33617  ### City FL ST Zip Code  ### City	24	25	29	<u> 336</u>	8 <b>7</b>	30 HJ	<u>L1</u>	<u> SB01</u>								ded to	Fees
GARBETT, JAMES S ESQ 4209 EAST BUSCH BOULEVARD TAMPA FL 33617  82	<u> </u>	<ol><li>Name and Address of Current F</li></ol>	legister	red Agent						0. Nan	ne and A	Address	of New	Registered	Agent		
GARBETT, JAMES S ESQ 4209 EAST BUSCH BOULEVARD TAMPA FL 33617  TAMPA FL 33617  11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes. Be above-named corporation submits this statement for the purpose of changing its 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ONCE, PAULINE MS.  STREET ADDRESS  TAMPA FL 33624  TAMPA FL 33607  TIME  SDD  FLOWERS, CYNTHIA J MS.  STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  1 TIME  1 TEMPA FL 33610  DELETE  1 TIME  2 NAME  4 2 NAME  5 STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  5 1 TIME  2 NAME  5 STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  5 1 TIME  2 NAME  5 STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  5 1 TIME  2 NAME  5 STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  5 1 TIME  2 NAME  5 STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  5 1 TIME  2 NAME  5 STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  5 1 TIME  2 NAME  5 STREET ADDRESS  GIT-ST-2P  TAMPA FL 33610  DELETE  5 1 TIME  5 NAME  5 STREET ADDRESS  5 NAME  5 STREET ADDRESS  5 NAME  5 STREET ADDRESS  5 NAME	**						81	Name									
4209 EAST BUSCH BOULEVARD TAMPA FL 33617  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 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, and accept the obligations of speciated statutes.  SIGNATURE    Signature, typed or private deams of registered agent and the 7 speciates   (NOTE Registered Agent agent and the 7 speciates   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.						82	Street A	Address	(P.O. B	ox Num	ber is No	t Accept	able)				
TAMPA FL 33617  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 agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the obove-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, SIGNATURE  SIGNATUR																	
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TI. 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 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 with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent with a provision of Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, the above-named corporation sboard of directors. I hereby accept the obligations of Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation should with restrictions to provide with restrictions to provide with restrictions. In the provisions of Section 617.0503, Florida Statutes, the appointment as registered agent ag	I L				04	City							85	Zin C	nde		
office or registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of director's. I nereby accept the appointment as registered agent, and many and accept the obligations of Section 817.0503, Florida Statutes.  SIGNATURE  Signature. The provided of animal of registered agent and tiles if applicable.  NOTE: Registered Agent alignature required when remislating).  DATE  12. OFFICERS AND DIRECTORS IN 12.  TITLE  PD DELETE 1.1TITLE  COLE, PAULINE MS.  STREET ADDRESS  3301 RIVERGROVE DRIVE  TAMPA FL 33610  TITLE  NOVAK, CAROLE W MS.  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33624  TAMPA FL 33624  TAMPA FL 33624  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33607  TAMPA FL 33610  DELETE  STREET ADDRESS  STRE							04	City						FL			
12.	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.																
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12	SIGNATURE Standing wood or printed some of registered agent and title if applicable (NOTE: Registered Agent standing required when reinstating)  DATE																
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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	14. I bereby o	pertify that the information supplied with	this filin	a does not	nualify for				in Sec	tion 119	.07(3)(i).	Florida S	Statutes.	I further cer	tify that	the int	ormation

supplemental ashidal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an on or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in ozon an attachment with an address, with all other like empowered. PAULINE L. COLE PRESIDENT

4/26/99

Applied For

\$8.75 Additional

Fee Required

Not Applicable