

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90153 009 ****61.25

DOCUMENT # N98000000441

1. Entity Name
WOMEN OF ZION INTERNATIONAL, INC.

Principal Place of Business Mailing Address
3501 RIVERGROVE DRIVE **P.O. BOX 291321**
TAMPA FL 33610 **TAMPA FL 33687-1321**

2. Principal Place of Business 3. Mailing Address
2424 Tampa Bay Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.
L. 101

City & State City & State
Tampa, Florida 33607

Zip Country Zip Country
33607 **Hillsborough**

4. FEI Number Applied For
59-3489382 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name
GARBETT, JAMES S ESQ
4209 EAST BUSCH BOULEVARD
TAMPA FL 33617

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLE, PAULINE MS.	
STREET ADDRESS	3501 RIVERGROVE DRIVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, MARY ANN	
STREET ADDRESS	6408 N. 24TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MICKLER, DAPHNEY	
STREET ADDRESS	8211 CLERMONT STREET	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, RITA	
STREET ADDRESS	2802 BESITO COURT	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cole, Pauline Lorraine	
STREET ADDRESS	2424 Tampa Bay Blvd. L 101	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watson, Renita	
STREET ADDRESS	6415 N. 23rd Street	
CITY-ST-ZIP	Tampa, Florida 33610	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Joyce	
STREET ADDRESS	18905 Firth Ct. H-11	
CITY-ST-ZIP	Tampa, Florida 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 *Pauline L. Cole* DATE *4/25/00* DAYTIME PHONE # *813872-1854*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)