

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000441

1. Entity Name

WOMEN OF ZION INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2424 TAMPA BAY BLVD
L 101
TAMPA FL 33607

P.O. BOX 291321
TAMPA FL 33687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3489382

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME COLE, PAULINE L
STREET ADDRESS 2424 TAMPA BAY BLVD L 101
CITY-ST-ZIP TAMPA FL 33607 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE VD
NAME WATSON, MARY ANN
STREET ADDRESS 6408 N. 24TH STREET
CITY-ST-ZIP TAMPA FL 33610 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE SD
NAME WATSON, RENITA
STREET ADDRESS 6415 N 23RD ST
CITY-ST-ZIP TAMPA FL 33610 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE T
NAME MOORE, JOYCE
STREET ADDRESS 12905 FIRTH CT H-11
CITY-ST-ZIP TAMPA FL 33612 Delete

TITLE T
NAME WILLIAMS, RUBY
STREET ADDRESS 3704 E. PARISH
CITY-ST-ZIP TAMPA, FLORIDA 33610 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: *William S Cole, President* 4/30/01 913-872-1017

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90114 041 ****61.25

RECORDED



DO NOT WRITE IN THIS SPACE

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