

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90163 034 ****61.25

DOCUMENT # N98000000441

1. Entity Name

WOMEN OF ZION INTERNATIONAL, INC.

Principal Place of Business

**2424 TAMPA BAY BLVD
 L 101
 TAMPA FL 33607**

Mailing Address

**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

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State



DO NOT WRITE IN THIS SPACE

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

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	<input type="checkbox"/> Delete
NAME	COLE, PAULINE L	
STREET ADDRESS	2424 TAMPA BAY BLVD L 101	
CITY-ST-ZIP	TAMPA FL 33607	
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	WATSON, RENITA	
STREET ADDRESS	6415 N 23RD ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RUBY	
STREET ADDRESS	3704 E PARISH	
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		

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		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Pleasants	
STREET ADDRESS	922 SPRUCE street	
CITY-ST-ZIP	Tampa Florida 33607	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie mae Gregg	
STREET ADDRESS	1905 N. Armenia Ave.	
CITY-ST-ZIP	Tampa Florida 33607	
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 Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 88-872 1854

CR2E037 (9/01)