

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90367 043 ****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
**PO BOX 15101
TAMPA FL 33684**



MOORE CR2E037 (11/03)

2. Principal Place of Business
6821 Cavacade Drive

3. Mailing Address

Suite, Apt. #, etc.
building 39 T.

Suite, Apt. #, etc.

City & State
Tampa, Florida 33614

City & State

4. FEI Number
59-3489382

Applied For
Not Applicable

Zip Country
33614 U.S.A

Zip Country

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
10014 N DALE MABRY
SUITE101
TAMPA FL 33618**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME STEVENS, MYLA
STREET ADDRESS 402 HAYES RD.
CITY-ST-ZIP LUTZ FL 33549

TITLE Change Addition
NAME ~~Young, Yolanda~~
STREET ADDRESS P. O Box 4116
CITY-ST-ZIP Tampa, Florida 33679

TITLE T Delete
NAME NEAL-PORE, HELEN
STREET ADDRESS 612 N. EXCELDIU AVE.
CITY-ST-ZIP TAMPA FL 33609

TITLE Change Addition
NAME T
STREET ADDRESS Clemons, Claudia
CITY-ST-ZIP 8007 N. Klondyke
Tampa, Florida 33604

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pauline L. Cole President 4/28/04 813 936 1854