

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90234 033 ****61.25

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1. Entity Name

WOMEN OF ZION INTERNATIONAL, INC.



Principal Place of Business

1724 1/2 E FERN
TAMPA FL 33610

Mailing Address

PO BOX 15101
TAMPA FL 33684

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

1st MOORE

CR2E037 (10/05)



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, 2006

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

TITLE PD ☐ Delete
NAME COLE, PAULINE L
STREET ADDRESS 1724 1/2 E FERN
CITY-ST-ZIP TAMPA FL 33610

TITLE VD ☒ Delete
NAME GREENWAY, BRENDA
STREET ADDRESS 10346 CHADBOURNE DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ Delete
NAME HELPER, VIRGINIA
STREET ADDRESS 701 E OHIO STREET
CITY-ST-ZIP PLANT CITY FL 33563

TITLE T ☐ Delete
NAME CLEMONS, CLAUDIA
STREET ADDRESS 1323 E LIBERTY STREET
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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 President 5/3/06 813 2360429