2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 01, 2007 8:00 am DOCUMENT # N98000000441 **Secretary of State** 1. Entity Name 06-01-2007 90001 016 ****61.25 WOMEN OF ZION INTERNATIONAL, INC. Principal Place of Business Mailing Address 1724 1/2 E FERN PO BOX 15101 TAMPA FL 33684 **TAMPA FL 33610** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address BougainVillea Ave. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3489382 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARBETT, JAMES S ESQ Street Address (P.O. Box Number is Not Acceptable) 10014 N ĎALE MABRY SUITE 101 **TAMPA FL 33618** Citv 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 tife it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Pavable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DRE ☐ Defete THEF ☐ Change Addition NAME COLE, PAULINE L NAM STREET ADDRESS 1724 1/2 E FERN STREET ADDRESS CHY ST-ZIP **TAMPA FL 33610** CHY-ST-7IP TITLE Delete TITLE Change ☐ Addition Marjorie Mann NAME HELPER, VIRGINIA NAME STREET ADDRESS B20 MOHR Lake DRIVE 701 E OHIO STREET STREET ADDRESS PLANT CITY FL 33563 CITY-ST-ZIP CHY ST ZIP Delete DILL HILL Change ☐ Addition NAME CLEMONS, CLAUDIA NAME STREET ADDRESS 1323 E LIBERTY STREET STREET ADDRESS 2414 Holly Brook Lave Hudson, Florida 34669 CITY ST-ZIP CHTY-ST-7IP **TAMPA FL 33612** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-ST-ZIP THILE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP mu. ☐ Delete HH Change Addition NAME NAML STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 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 eath; 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 an an attachment with an address, with all other like empowered.

SIGNATURE

PAuline L. Cole

FILED