

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

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90001 016 \*\*\*\*61.25



**DOCUMENT # N98000000441**  
 1. Entity Name  
**WOMEN OF ZION INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
 1724 1/2 E FERN TAMPA FL 33610 PO BOX 15101 TAMPA FL 33684



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*2102 E. Bougainvillea Ave.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State  
*Tampa Florida Hillsborough*  
 Zip Country Zip Country  
*33612 Hillsborough*

4. FEI Number Applied For  
**59-3489382** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GARBETT, JAMES S ESQ**  
**10014 N DALE MABRY**  
**SUITE101**  
**TAMPA FL 33618**

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. 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 re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD COLE, PAULINE L 1724 1/2 E FERN TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HELPER, VIRGINIA 701 E OHIO STREET PLANT CITY FL 33563 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLEMONS, CLAUDIA 1323 E LIBERTY STREET TAMPA FL 33612 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>SCOTT S. D.</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARJORIE MANN</b> <b>1320 MOHR LAKE DRIVE</b> <b>BRANDON, FLA. 33511</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D. Maria Stuart</b> <b>12414 Holly Brook Lane</b> <b>Hudson, Florida 34669</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 L. Cole* **Pauline L. Cole** *5/29/07 813 971 4787*