


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90123 030 ****61.25

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



Principal Place of Business Mailing Address
**2102 E. BOUGAINVILLEA AVE
TAMPA FL 33612** **PO BOX 15101
TAMPA FL 33684**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3489382 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

2nd MOORE CR2E037 (4/08)

6. Name and Address of Current Registered Agent
**GARBETT, JAMES S ESQ
10014 N DALE MABRY
SUITE 101
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By September 3, 2008**

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	<input type="checkbox"/> Delete
NAME	COLE, PAULINE L	
STREET ADDRESS	1724 1/2 E FERN	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MANN, MARJORIE	
STREET ADDRESS	1320 MOHR LAKE DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STUART, MARLA	
STREET ADDRESS	12414 HOLLY BROOK LANE	
CITY-ST-ZIP	HUDSON FL 34669	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, PAULINE L.	
STREET ADDRESS	2102 E Bougainville Ave.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D.	<input checked="" type="checkbox"/> Addition
NAME	D. Kimberly Martin	
STREET ADDRESS	7301 Honey Suckle Dr.	
CITY-ST-ZIP	Sebring, FL 33876	
TITLE	T.D.	<input checked="" type="checkbox"/> Addition
NAME	AIFord Willie Mac	
STREET ADDRESS	1403 Lakeshore Ranch DR.	
CITY-ST-ZIP	Seffner, FL 33584	
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 exemptions contained in Chapter 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** 8/11/08 813 971 4787