

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000441

FILED
Apr 29, 2009
Secretary of State

Entity Name: WOMEN OF ZION INTERNATIONAL, INC.

Current Principal Place of Business:

2102 E. BOUGAINVILLEA AVE
TAMPA, FL 33612

New Principal Place of Business:

1724 1/2 EAST FERN STREET
TAMPA, FL 33610 US

Current Mailing Address:

PO BOX 15101
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3489382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARBETT, JAMES S ESQ
10014 N DALE MABRY
SUITE101
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLE, PAULINE L
Address: 2102 E BOUGAINVILLE AVE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: MARTIN, KIMBERLY
Address: 7301 HONEYSUCKLE DR
City-St-Zip: SEBRING, FL 33876

Title: TD () Delete
Name: ALFORD, WILLIE MAE
Address: 1403 LAKESHORE RANCH DR
City-St-Zip: SEFFNER, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLE, PAULINE L
Address: 1724 1/2 EAST FERN STREET
City-St-Zip: TAMPA, FL 33610 US

Title: D (X) Change () Addition
Name: MARTIN, KIMBERLY
Address: 7301 HONEYSUCKLE DR
City-St-Zip: SEBRING, FL 33876 US

Title: TD (X) Change () Addition
Name: MONTGOMERY, JO ANNA
Address: 16121 COMPTON PALMS DR.
City-St-Zip: TAMPA,, FL 33647 US

Title: SD () Change (X) Addition
Name: TOWNSEND, JOSEPHINE
Address: 8006 LA SERENS DRIVE
City-St-Zip: TAMPA., FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE L. COLE

PD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date