


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90106 020 ****61.25

DOCUMENT # N98000000441

1. Entity Name
WOMEN OF ZION INTERNATIONAL, INC.



Principal Place of Business Mailing Address

**2424 TAMPA BAY BLVD
L 101
TAMPA FL 33607**

**PO BOX 15101
TAMPA FL 33684**



CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent

**GARBETT, JAMES S ESQ
4209 EAST BUSCH BOULEVARD
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
10014 N. Dale Mabry

Suite 101

City **TAMPA** FL Zip Code **33618**

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

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	2424 TAMPA BAY BLVD L 101	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, MARY ANN	
STREET ADDRESS	6408 N. 24TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PLESANTS, ALICE	
STREET ADDRESS	922 SPRUCE STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GREGG, WILLIE MAE	
STREET ADDRESS	1905 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
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		<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		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Myla	
STREET ADDRESS	402 Hayes Road	
CITY-ST-ZIP	Lutz, Florida 33549	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal-Pore, Helen	
STREET ADDRESS	612 N. Excellence Ave.	
CITY-ST-ZIP	TAMPA, Florida 33609	
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 exemption stated in Section 119.07(3)(i), 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 4/29/03 813.872.1854

CR2E037 (10/02)