

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001072

FILED
Apr 30, 2006
Secretary of State

Entity Name: GATES OF ZION, INC.

Current Principal Place of Business:

2014 SW 17 AVENUE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

5508 BROADMOOR STREET
ALEXANDRIA, VA 22315 US

New Mailing Address:

FEI Number: 59-3501950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RAY D
2014 SW 17 AVENUE
CAPE CORAL, FL 33991 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: STD () Delete
Name: MILLER, RAY D
Address: 2014 SW 17 AVENUE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: PCT () Delete
Name: BERNSTEIN, JEFFREY
Address: PO BOX 2997
City-St-Zip: GAITHERSBURG, MD 20882

Title: D () Delete
Name: ROTH, SID
Address: PO BOX 1918
City-St-Zip: BRUNSWICK, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAY MILLER

STD

04/30/2006

Electronic Signature of Signing Officer or Director

Date