


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90080 012 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000003936		
1. Corporation Name ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT MYER S, FLORIDA, INC.		
Principal Place of Business 2424 BROADWAY FORT MYERS FL 33901	Mailing Address 2424 BROADWAY FORT MYERS FL 33901	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/06/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0487409
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Zip 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COLEMAN, IRENE C 6-EAST CLERMONT COURT FORT MYERS FL 33916		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Irene C. Coleman - Registered Agent DATE 4/12/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President (D) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Mitchell	1.2 NAME	
STREET ADDRESS	1514 LIVE OAK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33916	1.4 CITY-ST-ZIP	
TITLE	Secretary (D) <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irene C. Coleman	2.2 NAME	
STREET ADDRESS	P.O. Box 2043 (6 E. Clermont Ct)	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33902	2.4 CITY-ST-ZIP	
TITLE	Treasurer (D) <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC HARMON	3.2 NAME	
STREET ADDRESS	2635 Lemon St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33916	3.4 CITY-ST-ZIP	
TITLE	George Plummer - (T) <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Plummer - (T)	4.2 NAME	
STREET ADDRESS	2240 Barden St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33916	4.4 CITY-ST-ZIP	
TITLE	Thurman Crockett - (T) <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thurman Crockett - (T)	5.2 NAME	
STREET ADDRESS	1682 Heiman St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33905	5.4 CITY-ST-ZIP	
TITLE	MOSES JACKSON, Sr. - (T) <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES JACKSON, Sr. - (T)	6.2 NAME	
STREET ADDRESS	2955 POWELL ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33901	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irene C. Coleman DATE 4/12/99 (941) 369-5264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)