


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90001 037 \*\*\*\*70.00

**DOCUMENT # N98000003936**

1. Entity Name  
**ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT MYERS, FLORIDA, INC.**



Principal Place of Business: **2424 BROADWAY FORT MYERS FL 33901**

Mailing Address: **P.O. BOX 2133 FORT MYERS FL 33902**

*ZION HOPE MISSIONARY BAPTIST CHURCH, INC.*

**54072587**



MOORE CR2E037 (4/04)

2. Principal Place of Business: *2424 BROADWAY*

3. Mailing Address: *P.O. BOX 2133*

Suite, Apt. #, etc.

City & State: *FORT MYERS, FL.*

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4. FEI Number: **65-0487409**

Applied For:  Not Applicable

Zip: *33901* Country: *LEE*

Zip: *33902* Country: *LEE*

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

6. Name and Address of Current Registered Agent

**MITCHELL, JOHN**  
**1514 LIVE OAK DR**  
**FORT MYERS FL 33916**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ State: **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: *John H. Mitchell* DATE: *9-08-04*

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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	MITCHELL, JOHN	
STREET ADDRESS	1514 LIVE OAK DR	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARMON, ISAAC	
STREET ADDRESS	2635 LEMAN ST.	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLUMMER, GEORGE	
STREET ADDRESS	2240 BARDEN ST.	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROCKETT, THURMAN	
STREET ADDRESS	1682 HEIMAN ST.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, MOSES SR	
STREET ADDRESS	2955 POWELL ST.	
CITY-ST-ZIP	FORT MYERS FL 33901	
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		<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 empowerment.

SIGNATURE: *JOHN H. MITCHELL* DATE: *9-08-04*

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