


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90007 040 ****61.25

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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0487409

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**HOUSTON, GRACIE M
 7 EAST CLERMONT CT
 FORT MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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  DATE

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 LEMON 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 exemptions contained 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 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  DATE **2/25/07** DAYTIME PHONE # **239-337-3314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR