

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 06, 2009
Secretary of State**

DOCUMENT# N98000003936

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

Current Principal Place of Business:

2424 BROADWAY
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2133
FORT MYERS, FL 33902

New Mailing Address:

PO BOX 2133
FORT MYERS, FL 33902

FEI Number: 65-0487409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOUSTON, GRACIE M
7 EAST CLERMONT CT
FORT MYERS, FL 33916 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: PD () Delete
Name: MITCHELL, JOHN
Address: 1514 LIVE OAK DR
City-St-Zip: FORT MYERS, FL 33916

Title: TD () Delete
Name: HARMON, ISAAC
Address: 2635 LEMON ST.
City-St-Zip: FT MYERS, FL 33916

Title: T () Delete
Name: PLUMMER, GEORGE
Address: 2240 BARDEN ST.
City-St-Zip: FORT MYERS, FL 33916

Title: T () Delete
Name: CROCKETT, THURMAN
Address: 1682 HEIMAN ST.
City-St-Zip: FORT MYERS, FL 33905

Title: T () Delete
Name: JACKSON, MOSES SR
Address: 2955 POWELL ST.
City-St-Zip: FORT MYERS, FL 33901

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:

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 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: GRACIE HOUSTON

RA

05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date