## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003936

FILED May 06, 2009 Secretary of State

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

Current Pr	incipal Place of Business:	New Principal Place of Business:	
2424 BROA FORT MYE	ADWAY ERS, FL 33901		
Current Mailing Address:		New Mailing Address:	
P.O. BOX 2 FORT MYE	2133 :RS, FL 33902	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: Name and Address of New Registered Agent:			
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
7 EAST CL	I, GRACIE M ERMONT CT :RS, FL 33916 US		
The above in the State		of changing its registered office or registered agent, or both,	
SIGNATUR	RE:		
	Electronic Signature of Registered Agent	Date	
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	:
Title: Name: Address: City-St-Zip:	PD () Delete MITCHELL, JOHN 1514 LIVE OAK DR FORT MYERS, FL 33916	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	TD () Delete HARMON, ISAAC 2635 LEMON ST. FT MYERS, FL 33916	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T () Delete PLUMMER, GEORGE 2240 BARDEN ST. FORT MYERS, FL 33916	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T () Delete CROCKETT, THURMAN 1682 HEIMAN ST. FORT MYERS, FL 33905	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T () Delete JACKSON, MOSES SR 2955 POWELL ST. FORT MYERS, FL 33901	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